# Radio in the Hospital

By GRACE M. FAIRLEY, Reg.N.

In these days when, besides physical and mental care, more thought is given to the social treatment of the patient, it would be impossible to exaggerate the value of radio equipment in a hospital. With recent improvements and development, radio equipment can now be installed with separate headphone sets for each patient, thus making it possible for individual patients to enjoy concerts, church services, lectures, etc., without inconveniencing or disturbing others who may be either too ill or disinclined to make use of them, and also in no way interfering with the routine work of the ward. To the convalescent or chronic patient the introduction of radio has revolutionized hospital life. It no longer means weeks of isolation from the outside world, but shortens and brightens the stay of all patients who are sufficiently well to avail themselves of it. It would be difficult for even the most enthusiastic radio lover to realize that it brings the same pleasure to hospital patients, but in an added degree.

In Victoria Hospital, London, Ont.

The accompanying photograph is of a deaf girl, a patient at Victoria Hospital, London, who, for the first time in a number of years heard the church services and concerts that are regularly broadcasted.

The equipment was installed by the generosity of Colonel Gartshore, Chairman of the Hospital Trust. There is a centrally controlled instrument, and in all public wards there is a headphone at the head of each bed. These are simple of construction, easily cleaned, and adjustable, thereby making it possible to remove them from any patient's bed who may be too ill or for any reason may not want to use them. Probably to no group of people has radio meant more than to the deaf, many of whom did not realize that by bone conduction they are able to hear almost as well as through the ear.

The introduction of radio into the hospital world began in some of the sanatoria and military hospitals where the stay of the average patient is of long duration. At one of the Ontario Sanatoria (Hamilton), the Superintendent, Dr. Holbrook, has arranged weekly lectures on hygiene for the patients, followed by talks or lectures on subjects of general interest such as bird life, botany

or horticultural instruction. It was very soon realized that the value of this form of outside interest, education and pleasure was just as valuable to and appreciated by the patients in general hospitals, and many of these institutions have had them installed, either by the generosity of interested people, or by public subscription. The writer feels that her personal endorsation is gladly given if only to encourage others to do what the Chairman of Victoria Hospital did in bringing so much happiness to the patients.

From the nursing standpoint this innovation has meant much. To visit a ward and see each patient who is sufficiently well with a headpiece on and with a very interested or sometimes amused expression, is to realize what it means to those responsible for the comfort and happiness of the ward.

In a recent Australian publication there was an announcement of a whirlwind campaign for this purpose. It is being recognized the world over that not only do hospital patients enjoy and appreciate radio, but that it benefits them greatly, and oftentimes where there has been a mental or moral breaking down owing to prolonged illness, actually hastens recovery.

It was not surprising that Colonel Gartshore was early to appreciate this fact, for all those connected with the Canadian hospital world, especially in Ontario, know what he has done in his indefatigable interest in hospitals generally and very specially for Victoria Hospital, where he has been Chairman for many years.

(Miss Grace M. Fairley, Superintendent of Nurses, Victoria Hospital, London, Ont.)

## *Nursing Care in the Administration of Insulin*

By HILDA SMITH, Reg.N.

So much has been written and said about insulin in the treatment of diabetes and various other diseases, but very little about what should be of particular interest to the nursing profession, viz., the nursing care in connection with the administration of insulin.

It is said that nursing care is more essential to the successful treatment of diabetes than perhaps to any other disease, as the doctor's treatment depends entirely on the daily history of the case given by the nurse, both verbally and on the chart. The mental encouragement of the patient is also a prime factor.

A knowledge of what insulin is, how administered, its action on the patient, both beneficial and otherwise, are of the utmost importance to intelligent nursing.

**Insulin,** the internal secretion of the pancreas, probably of the Islands of Langerhans, is secreted directly into the blood in response to the demand for the burning of sugar.

**Glucose,** the sugar of the blood, will not burn unless insulin is present. In other words: insulin enables the body to utilize all carbohydrates in the form of glucose.

Diabetes is a disease of the pancreas; it is a condition in which the normal supply of insulin is curtailed, and its treatment is based on rest for the pancreas, which is obtained by suitable diet and the administration of insulin.

Insulin is manufactured mostly from fresh animal pancreas, measured and prescribed in units—ten, twenty and forty units to the c.c.—one unit enabling a patient to utilize anything up to 1½ grains of carbohydrates. The quantity depends on the clinical condition present, infections apparently reducing the glu-

cose equivalent of the unit of insulin.

It is put up in vials of single, double and quadruple strengths, and administered hypodermically. This is a simple procedure, as we now have the insulin syringe, measuring in units, both for single and double strengths, but the ordinary Luer syringe does quite well as it is marked in tenths of a c.c., each tenth corresponding to a unit.

To prepare the hypodermic, take aseptic precautions; sterilize the hypodermic and cap of vial, then insert needle, putting into the vial the same amount of air as insulin you are taking out. This prevents the formation of a vacuum in the vial. Have correct dosage before withdrawing needle. Do not waste insulin, it is expensive. In giving the hypodermic, do not inject intramuscularly or too superficially. Change site frequently, or you may get painful, indurated areas, and insulin loses its effect from defective absorption. This should be modified by the patient's wishes and local reaction.

Before giving insulin, be sure that the meal will be ready in time.

**What the doctor will want to know**

Suppose you have a patient admitted to hospital for diabetic treatment, it may be a mild case or one in which the disease is well advanced.

Age, weight and height: this is necessary for determining the diet, as so many calories are allowed to surface area of the patient.

Food: Quantity in calories. There are special diet sheets for this. If having insulin, how much and at what intervals.

Urine sugar percentage: for this, collect all urine as "Twenty-four hour specimen." This will continue as long as the patient is being treated. A two-hourly specimen may be needed to show exactly **when** sugar is showing. The correctness of this is most important, for if one specimen out of the twenty-four-hourly one is lost, it upsets the calculations for the day, as the lost specimen may be the only one showing sugar.

Then the "blood sugar." The test for this will be done at certain intervals, and the nurse should be able to interpret the report. A normal "blood sugar" is from 90-120 m.g. to 100 c.c.

Infections, if any, should be reported as they may reduce the glucose equivalent of the unit of insulin.

The last, and most important, are symptoms. One must be able to recognize and interpret, as prompt action is always necessary in dealing with them. The two conditions in which the symptoms are most pronounced, and which must be dealt with promptly, are: insulin excess on the one hand, and coma with acidosis on the other.

**First**: Insulin excess—what does it mean? That there is insufficient carbohydrate or glucose for the dose of insulin given to work on. This acts like a poison, causing hypoglycaemia, or a very low blood sugar. Symptoms of this generally noticed first, are sudden hunger, extreme weakness, nervousness, profuse perspiration, dilated pupils and diplopia. Pulse rate may, or may not be increased. If symptoms are not checked, they may go on to delirium, collapse and death.

**Treatment**: Give carbohydrates in convenient form. If reaction is slight, an orange or orange juice is sufficient. If not enough, or symptoms persist, give a lump of sugar. Remember that symptoms may recur later on and must not be ignored. Remember also that a reaction may occur in sleep. In this case, extreme pallor will be noticed, and perspiration, with possibly increased pulse rate.

If an insulin reaction occurs, it will be usually between one and two hours after dose, frequently during the third hour, and rarely as late as

the sixth hour. An insulin effect occuring as late as six hours is usually a repetition of an earlier one.

**Second**: Coma with acidosis. This may come on gradually or suddenly, but only occurs in untreated cases of diabetes, or in those diabetics not carrying out instructions. If the patient complains of fatigue, dizziness, nausea and vomiting with abdominal discomfort, and has a dry tongue and skin, impending coma should be suspected. Dyspnoea and an odour of acetone on the breath will often be observed.

Anything abnormal should be considered a symptom and be reported. Nothing is too small to be noticed or reported, and it has been said that diabetics always recognize symtoms and rarely exaggerate. So train your patient to report.

What the nurse can do:

**Report at once**. Delay is dangerous.

**Keep patient warm**. This is most important, as heat saves insulin.

**Force fluids**. Water, clear tea, coffee; nothing with any food value. If patient is unconscious, rectal salines will have to be given. Metabolism processes need water and in coma the body is suffering from water starvation.

**Keep bowels open**. Enemata can always be given.

What to have ready for the doctor:

Remember that time is everything.

Insulin will be administered in large doses from 50-100 units. Have plenty on hand. If the patient is unconscious, insulin will be given intravenously. Have set ready with glucose 10% solution. Glucose is always given with large doses of insulin to prevent hypoglycaemia or too low a blood sugar.

If treatment is successful, the patient may be out of coma in a few hours, or it may be twelve or more. Watch for shock; notice pulse and report at once if poor. As soon as the patient is conscious, insulin will most probably be given hypodermically, and glucose by mouth.

One or two points that are useful to know are:

1. When a "Fasting blood sugar" is ordered for the morning, the patient should have nothing but water for at least ten hours beforehand.

2. In giving insulin before an operation, without a meal of course, wait until you are certain at what time the anaesthetic will be given. Your order will probably be fifteen minutes to half an hour before, not longer.

3. If the patient vomits a meal after having insulin, or refuses to take a meal, give carbohydrates in concentrated form, e.g. sugar or corn syrup.

4. Keep the bowels well open.

Not wishing to omit any of the wonders of insulin, a few of its accessory uses might briefly be mentioned. These are: In post-operative shock, septicaemia, carcinoma, and as a preoperative measure in goitre. In most of the cases, insulin is given with glucose, intravenously or per rectum.

Insulin promotes increased utilization of sugar, in normal as well as in diabetic cases; in this way increasing nutrition, or internal nutrition to combat post-operative shock, and septicaemia.

In some cases of carcinoma there is a delayed "sugar tolerance" and a high blood-sugar level. Insulin is used to keep the blood sugar very low, the idea being that such a medium is unsuitable to the growth of cancer.

In conclusion: I can only add that if our clever scientists proceed to find in insulin still more wonderful properties, we shall have a panacea for all ills, or—better still—the much-sought-after, and far-famed elixir of life of the olden days, which would be rather hard on the nursing profession!

(Miss Hilda Smith, Reg.N., Vancouver General Hospital, Vancouver, B.C.)

# *General Mannerheim's League of Child Welfare*

By DR. E. MANDELIN

The liberator and late regent of Finland on October 4th, 1920, took the initiative in starting an organization for caring for the children of Finland, which was called, after its founder "General Mannerheim's League for Child Welfare." This League has since 1922 been a member of the Finnish Red Cross Society, and as such is in close touch with the secretariat of the League of Red Cross Societies in Paris. Since 1924 it has acted as the Finnish section of the International Association for the promotion of Child Welfare.

The object of General Mannerheim's League for Child Welfare is to promote a healthy physical and moral development of the growing generation by doing work which is not already being carried on by the State and local authorities. Its activities must therefore be considered with due reference to actual conditions among the children of Finland, and the work which is being done in their interests by the public authorities of the country.

The area of Finland, larger than that of Great Britain, has a population of no more than three and a half million. The number of children under fifteen years is roughly 1,200,000. The vast majority of these are born and brought up in homes where healthy industry, and a sense of social obligation are the ruling characteristics. Nevertheless there are in Finland many mothers who lack the capacity to tend and bring up their children successfully and keep their homes together. Infant mortality exacts a toll of nearly 10,000 lives from Finland every year, besides the child suffering in the form of want and sickness which often leaves life-long defects. With regard to physical deficiency and mortality among children under school age, Finland comes very low in the list of countries from which figures are available. For comparison, it is actually at the bottom of the list in regard to children of school age. This child suffering also leaves the mark of intellectual and moral deficiency on thousands of boys and girls and its effects may be discerned in the number of juvenile offenders, which has grown higher with every year since the beginning of the present century.

The law provides that the State and local authorities shall take charge of orphaned, homeless, abnormal, and asocial children, but this child welfare work of the public authorities has to be supplemented and intensified by voluntary effort, and h e r e General Mannerheim's League for Child Welfare has a wide field of activity.

This League fulfils its human and patriotic task by means of a central organization and local branches. The central organization consists of a council of forty members, an executive committee which meets regularly every week, a number of special sub-committees appointed by the executive, and a central office with a secretary, two lady inspectors, and the requisite office staff.

The central organization forms the connecting link between the local branches. Through its various committees and officers it keeps in touch with child welfare work in Finland and abroad, assists the local branches with advice and guidance, and carries on a particularly important work by arranging training courses, by which means it supplies the local branches' demand for workers trained in the different departments of child welfare.

Among the training courses arranged by the League I wish to mention that "The Children's Castle," founded by Baroness Mannerheim, serves principally as a practical training centre for sick nurses, deaconesses, and midwives who devote themselves to infant care advisory work. The League has since 1922 held shorter, practical courses for trained nurses who intend to take up school nursing. These courses are further supplemented by the six months' training in Public Health nursing which the League now arranges in co-operation with the two organizations in Finland for combating tuberculosis. These courses are intended for trained sick nurses, and prepare them for generalized Public Health work.

For instructive and morally improving work among young people, the League holds every year courses for club leaders and workers, likewise for leaders of agricultural clubs in rural districts, for the games leaders who organize holiday occupation for boys and girls in towns and industrial centres and for workers who act as "big brothers" or "friendly visitors."

The local branches of General Mannerheim's League for Child Welfare are really its executive organs. As a rule, each branch covers the area of a commune. The number of local branches is steadily growing, and has now reached 284, but the goal aimed at is a branch in every one of the 580 communes into which Finland is divided. These local branches of the League are independent associations, with separate finances. The business of each branch is managed by a committee of twelve members, chosen to represent as far as possible all the best elements in the locality in the way of experience, culture, and patriotic zeal. As a rule it has been possible to include a clergyman, a doctor, a teacher, and a member of the local governing body among the members of the committee.

Each branch plans its own work in accordance with the needs of the locality and its financial resources. The various departments of the work are managed by different subcommittees, which make short monthly reports to the chairman of the branch executive.

The activities of a branch in promoting the health of the people are naturally concentrated on the work of a public health nurse. In many cases propaganda work has to be done first, before the locality becomes aroused to the need for appointing such a nurse, and valuable assistance at this preliminary stage is given by the League's travelling exhibition of child welfare. This travelling exhibition comprises a complete set of demonstration material illustrating the care of mothers and infants. It is sent from place to place in charge of a public health nurse, who demonstrates the exhibits, and at the same time explains the importance of all different aspects of Public Health Nursing.

When a public health nurse has been appointed by a local branch, she is able to discharge a fourfold function giving advice on pre-natal care, on infant care, and acting as school nurse and tuberculosis nurse. Moreover, in addition to her purely professional duties, she must try in various ways to keep the people of the locality interested in her work. In the various villages belonging to her district she starts meetings and courses for mothers (where they are helped to make clothes for their children), discussion evenings, popular lectures and parents' meetings with speeches and discussions.

There are now fifty public health nurses employed by General Mannerheim's League for Child Welfare and its branches, and as soon as

nurses have completed their post-graduate training for Public Health Nursing, they immediately find employment in the service of the branches.

In addition to this important work for promoting the physical welfare of children, there is much to be done in giving support to individual homes and helping them to bring up the children successfully. This work covers the whole period of infancy, childhood and youth and plays an important part in shaping the character of the nation. There is a whole series of dayhome institutions, beginning with crêches for the babies and nursery schools, then play centres for children of school age, and different kinds of boys' and girls' clubs.

From the point of view of social education, the work of boys' and girls' clubs is of far the greatest importance, and the League tries to combine in it both manual and intellectual occupation and amusement. In the towns the clubs lay most stress on interesting manual occupations, and in various kinds of meetings which the young people are encouraged to manage for themselves. They also cater for literary and musical tastes, and in general allow the members to choose their special interests as they like. In country areas the League tries to establish agricultural clubs on the United States model, in order to arouse interest in a farming life, and impart the first elements of home management and different branches of agriculture. When suitably led, these clubs form the best schools of civic education, for they accustom the boys and girls to voluntary work in the common interest and to joint responsibility.

Athletics take a very important place in club work, and the League holds athletic competitions for boys three times a year. The competition is between the local branches, and a challenge prize—a bust of an eminent Finnish runner—is awarded to the branch which furnishes the largest number of competitors in proportion to the population of its locality. In the ski-ing competition last winter this prize was won by a little place with only 3,000 inhabitants, which sent up 300 boys to compete. Closely connected with the athletic side is the summer work of bringing together the young people under experienced guidance for games, walks, home occupations, gardening and swimming, in connection with which last instruction in life-saving is given.

In the course of this work among boys and girls the League often finds it necessary to take special action to help individual children who are in moral danger and tries to do so by putting them in touch with a "big brother" or "friendly visitor."

This multifarious work for the physical and moral welfare of the growing generation will certainly be of the utmost value in arousing public interest. General Mannerheim's League for Child Welfare has been able to awaken a widespread feeling that the rights of children must be safeguarded in the interests of the race and the national future, and has inspired thousands of Finnish citizens—the committee members of the local branches alone number more than three thousand—to energetic work on behalf of the children. Both by its direct and manysided propaganda, and by the practical work, the main outlines of which I have had the honour to describe to this illustrious assembly, General Mannerheim's League for Child Welfare has had the happiness of helping to make the children's cause the cause of the whole of the Finnish people.

(An address delivered by Dr. E. Mandelin to the International Council of Nurses in Congress, at Helsingfors, July, 1925.)

# *The Women that Were Wise-Hearted*

## *AN ADDRESS*

By the REV. GEORGE H. DONALD

It is an extraordinary thing how various, and yet how similar, are our professions.

To find a panacea, a universal medicine, for the ills, cares and sins of the world has been the eternal quest of mankind. All our reforms are directed towards this object. All our schemes for improvement have originated from this root idea. All our churches, all our Christian activities, live by the pulse of this movement in their heart and body.

The world is evil and man must mend it: that is the universal creed.

Now various means are adopted for carrying out this plan and creed.

First: On every side one hears the wail of depression and poverty. Misery abounds. Men are brutal; their homes filthy, their surroundings insanitary, their vitality low; and inequalities, injustice and oppression prevail. And social schemes are set on foot to meet and combat these evils.

Second: Disease is rampant; sickness, fever, accidents and poverty of health abound: the scourge, the plague and the death-striking palsy are the common fate of man.

Medical and surgical science comes to snatch away from death her victims, and save mankind from the enemies of health and sound life.

Third: Sin is universal. Vice stalks our streets: immorality, lying, theft, murder, deceit, blasphemy and irreligion are everywhere.

And Christianity, the science of religion, with its supreme faith, conquering ideals; with its divine power and its gospel of mercy and pity and love, its priceless and miraculous gifts, goes out to fight and check these strange gods to which men bow and by which they are enchained.

These are the three main forces that seek to meet the sorrow, sickness and sin of the world and provide a remedy for them.

Now it is to the second department that doctors and nurses belong. I have the greatest admiration for the nursing profession. A "wise-hearted" woman, in her choice of a profession, naturally turns her eyes to nursing. There is no nobler, more beneficient thing that she can do than lay a skilled and soothing hand upon a pained, fevered, diseased body and nurse it back to health and freedom.

The original meaning of the word physician is "bandager." The science of medicine and of the profession of nursing has grown far beyond that early conception, but the germ of it remains as a fixed principle. The doctor is a bandager; the nurse is a bandager—binding up the wounds of men and women—pouring out the soothing ointment of her love and sympathy; healing, cleansing, uniting the broken parts, and encircling all with the tightening bands of her skill. The nurse is the handmaiden of the science of medicine. She helps to prevent disease, to check disease, to eradicate disease, which is the business of the medical profession. She has done more than she always gets credit for in helping to secure that immunity from disease which at present exists to an enormous degree.

Someone once said that the world is divided into two classes: doctors and patients. I should be inclined to add a third class—nurses. It is

impossible to over-estimate their importance in the progress of health.

Rudyard Kipling has said that "all sane human beings are agreed that the fight for life is one of the most important things in the world, and it follows that those who control this fight must be among the most important people in the world." Nurses take their places among the most important people in the world. They are the death-fighters, the restorers of health, the hope-bringers. May I then say this to you:

First: The wise-hearted women among you will never think lightly of their work. Consider the scope and sweep of that work. You are required to defend our homes from our deadliest foes; to bring hope and sympathy and a gentle hand to us in our pain and terror. When the door to the unknown stands open before us your task is to shield us from its darkness and soothe our troubled spirits. Alone in a sick cot with life and courage on the ebb, yours it is to stem the backward tide and bring it to the flow again. When the lengthened shadows have fallen on life, yours it is to nurse the fading light till that sleep comes from which there is no awakening here.

It is impossible that any woman should think lightly of such a work as that, or even hesitate to give her life and energy to it.

Second: The wise-hearted woman will seek to perfect herself in her work. There is probably no work in the world that demands perfect qualities more than nursing. A nurse must be patient, tender, self-controlled, sympathetic, deft of hand and quick of mind; alert, neat, methodical, cheerful, optimistic. She must refuse to be flurried or irritated. She must hold on her way and carry out her orders despite everything. She must close her ears when occupied in her work, and keep a silent tongue when freed from it. She must carry secrets that can never honourably be disclosed. She must believe in the power of healing, and teach her patients so. She must never tire of hearing complaints and tales of suffering, nor ever withhold her sympathy. Yet, she must also brace her patient to endurance, encourage patience, fortitude and hope.

And for all these things she must train herself and go on training herself until she is perfect, more or less.

Third: A wise-hearted woman will realize that she has a private life of her own to cultivate.

She is always giving out energy, sympathy, skill and counsel to others. She must therefore see to it that she takes in something. She must cultivate her own personal life. She must breathe fresh air, take open-air exercise. She must cultivate her mind with wholesome reading, music and art. She must have companions of other walks in life in order to get away from the monotony of her task. She must cultivate her soul by prayer, by worship, by silent meditation.

Maeterlinck once said: "Women are nearest of kin to the infinite about us . . . More than any she has preserved the sense of the mystic in our earth."

And woman must see that the infinite is kept ever near her; that the mystic element of life is indeed preserved; that the sense of religion does not disappear from her own soul.

Fourth: Wise-hearted women have a great part to play in the world today. "It is they who preserve here below the pure fragrance of our soul, like some jewel from Heaven which none know how to use. It is as if their soul were always within call."

If this be true, or even partly true, woman can bring that soul, that jewel from Heaven, that spiritual

fragrance and ideal into the conduct of our civic and national affairs, exercising it on those nearest to her or in some wider capacity.

Today we are all enthusiastic for reform everywhere. We want to make this world a better place, to reconstruct society on the highest lines. We need a spring to feed our energies. We need a breath fragrant with Heaven to urge on our flagging steps. And women have it in their power to give it to the world. I believe that the pre-eminent service that women can do in the world today is to keep alive the sense of God.

A nurse's training and work bring her near the unseen. She is alive to religious influence; she is doing a great spiritual work. It is in her power to keep alive the sense of the invisible, the unseen, the spiritual and religions.

The world is full of material concerns. They have a chief place in the programme of almost every life. We want better conditions, better housing, better wages, more leisure more amusement. But these will inevitably debase life where the spiritual is absent. The visible without the invisible is valueless. Our nation without the sense of God will go down.

There is no higher duty for woman than to keep this sense alive. Samuel Rutherford has said: "The most anyone can do is to dot some 'i' and cross some 't' in this life." That really means that he is living an extraordinarily productive and useful life.

Keep your ideals high.

Look at them with unwinking eyes, and let nothing turn you away from truth and beauty wherever you may find them.

(Notes from an address delivered to the Association of Registered Nurses of the Province of Quebec, on January 22, 1926, by the Rev. George H. Donald, minister of the church of St. Andrew and St. Paul, Montreal.)

## *National Health Congress*

Three great health organizations in Canada are combining forces to hold a unique national health congress in Toronto from May 3rd to 7th, plans for which are now almost completed.

This congress will represent the joint strength and points of view of the Ontario Health Officers Association, the Canadian Public Health Association and the Canadian Social Hygiene Council. Many notable health officials from the various Canadian provinces as well as famous medical experts from Great Britain and the United States will address the congress, among whom will be Dr. Vincent of the Rockefeller Foundation, Dr. Winslow of Yale, Dr. John H. Stokes and Miss Jean E. Browne. The annual meetings of the Canadian Public Health Association and of the Canadian Social Hygiene Council will be held during the Congress and there will be sectional conferences of Laboratory Workers, Public Health Nurses, Child Hygienists and Social Hygienists.

By special arrangement the Academy of Medicine, Toronto, has invited all the visiting physicians to meet with them at the Academy on the evening of May 6th, where the question of Periodic Health Examination will be discussed from both national and international angles.

Other matters of great interest to the general public which will be dealt with by the congress will be Medical Aspects of Immigration and Immunization Against Disease, one of the latest phases of preventive medicine.

# *A Vital Question*

By M. JUDSON EATON, M.A., Reg.N.

What becomes of all the superannuated nurses?

With the exception of the small minority holding permanent institutional positions and who, presumably, after a certain term of service will be retired upon comfortable pensions, the large number of nurses who graduate yearly from our hospitals find themselves in a position very free and independent but correspondingly unprotected.

After years of the practise of her profession the nurse can look forward to no pension except such as her own foresight and thrift may have provided. Moreover, she finds herself hedged about with limitations which make it very difficult, even by the exercise of thrift and foresight, to save an adequate amount to ensure her the modest competence upon which she may retire when her years of activity are at an end. She can not look forward to any increase in her income as time goes on: on the contrary, she finds it increasingly difficult, as the years pass, to keep up the pace of the long hours seven days out of each week.

Provided that continuous work is available and that she has the physical endurance to devote all her time and energies to her profession to the exclusion of all other broadening interests, she can earn a fairly good income; but the moment she slackens her pace, every day off duty represents a loss—not only of the possible income for that day, but of the additional expense of maintenance.

In almost every other occupation the fact is recognized that it is impossible for people to work seven days in the week—not to mention twelve hours out of twenty-four—without serious physical detriment: holidays are therefore provided, without diminution of salary; Sundays, and usually part, or all, of Saturdays, are made "off" days to allow of change and recreation.

Not so with the nurse. Every day's rest or recreation she takes represents a loss greater than any gain possible on a day "on duty." She may, and often does, work overtime and risk her own health recklessly when the life or welfare of her patient is at stake, and when, after the battle is won, she is obliged to spend a week, a month—or sometimes longer—recuperating from the effects of the strain, she does so at her own expense and pays high for the satisfaction to her professional pride from having given more than actual duty demanded.

Nor, in times of unusual demand for her services, can she make up for the loss of time by asking a higher fee, even though she renders extra services and exposes herself to unusual risks.

By her own regulations she fixes a rate of remuneration above which no effort or efficiency or experience will enable her to rise. Of her own volition she protects the public against herself and fixes an upward limit beyond which her financial aspirations may not soar, be she ever so diligent, conscientious, efficient, experienced or ambitious.

This philanthropic attitude has not, so far, been reciprocated on the part of the public by a guarantee against any downward limit of penury or want to which the nurse may sink, in the event of physical powers or the market for her services becoming exhausted.

However, conditions being as they are at present, the vital question to the nurse is how to save enough, and in such a way as to ensure her a competence upon which she may eventu-

ally retire; and also to provide against the possibility of unexpected physical disability during the years in which she normally expects to earn a living.

The best, indeed, almost the only safe solution to this problem, seems to lie in an intelligent use of "Assurance"—a term which in recent years has come to cover almost every conceivable requirement with regard to protection and investment.

Some time ago the local Nurses' Association, keenly alive to the necessity of some kind of provision for the nurse's declining years, appealed to the government to grant some form of pension. The reply of the government was to the effect that such a grant was not possible, but that the attention of the nurses should be drawn to the many forms of policies now offered by the assurance companies, whereby the nurses may invest their savings and provide pensions for themselves.

While there can be few women in these days who have not been brought in touch with life assurance in some form, either as policyholders or as beneficiaries of the policies of others, there seems to be an astonishing lack of real understanding of the principles of modern assurance, the divers kinds and classes of policies available and their adaptation to the special requirements of each individual.

One nurse voiced a very common attitude. She declared emphatically that she had "no use" for life assurance because having no one dependent upon her, she saw no reason why she should tie-up her hard-earned savings in a policy for someone else to enjoy after her death! Besides, she went on to say, if she married or if for any reason she were unable to keep up her payments regularly, she would just lose all the savings of years.

There, in a nutshell, is the general attitude of the uninsured nurse: an attitude natural enough to one who gives only a cursory thought to the matter, but an attitude unfounded on every point.

Let us consider her first argument: that assurance is useless to her because it means saving money which will only benefit someone else after her death.

Now life assurance in its earliest and simplest form was devised as a means whereby a man could, in a measure, safeguard his dependents in case of his premature death. In consideration of the payment of a certain sum the Assurance Company guaranteed to pay a larger sum to his dependents in case the policyholder died within the year; the contract being renewed each year. But assurance has travelled far beyond that rudimentary and limited stage and has evolved numerous types and classes of policies to cover almost every conceivable requirement of protection for the policyholder or his dependents, of savings, investment, endowment, pension, or provision against physical disability, sickness, or old age.

Take, for example, the case of the nurse quoted above. Obviously, having no one dependent upon her for support, the ordinary life policy is not suited to her needs. But does she know that she can select a policy which will permit of her receiving the full face value at the end of a fixed term of years; or which, at her option, may be converted into an annuity payable for her remaining lifetime? Is she aware that after the payment of a few premiums (usually after the third premium) she may withdraw the cash value of her policy, or borrow upon it in case of need? Moreover, modern policies almost invariably contain a provision for "automatic" payment of premiums out of the cash value, whereby, should the necessity arise, the policy is maintained in force for perhaps several years, and the policyholder

may resume payments when able to do so.

As to her objection that if she marries her policy is useless—well, marriage does not always solve all money problems! Many a married woman is carrying on her policy and looking forward to the day when she can draw a lump sum of a few thousand dollars to devote to some cherished object: perhaps the education of a son or daughter.

Or, if she prefers, she may drop the policy and defray the expenses of a trousseau by withdrawing the cash value: i.e., the amount of money she has paid in premiums less the cost to the company of carrying her policy and the protection she has enjoyed during the interval. This involves some loss, of course; the sum withdrawn will be less than the sum she could have saved in the bank, but probably considerably more than she would actually have saved, and during the interim her estate has been protected for the full face value of the policy.

Generally speaking, there are three main objects in life assurance:

1. To protect dependents in case of the death of the policyholder;
2. To provide an income or annuity in old age;
3. To provide an income or annuity in case of physical disability rendering self-support impossible.

Policies are now offered which cover any one or all of these contingencies in varying degrees, according to the special needs of the policyholder.

In many cases a nurse feels no obligation to provide for anyone else in case of her death; certainly, then, she would be unwise to pay an extra premium for life insurance. What she requires is some form of endowment or investment policy. She may wish, however, to have a certain amount of life protection along with it, and this may be arranged in varying amounts to suit her need. If she dreads the possibility of becoming disabled and incapacitated for work, a small addition to the amount of her premium will assure her of an income for life in case of such an eventuality, all subsequent premiums being paid by the company.

The opportunities offered by modern assurance are too numerous and far-reaching to be detailed here. The question to the average self-supporting woman now-a-days is not whether or not she shall "take out" assurance, but how to choose a policy or policies which will afford the best investment and the best protection to fit her particular requirements. To this end it is well to keep certain basic principles in mind.

The important thing is to realize clearly the exact kind of contract that is best suited to your individual case. You may feel the need of taking expert advice in the matter, in which event a competent, responsible agent of an established company should be consulted. In these days companies are always licensed by either a Province or by the Dominion. In choosing a company see that it falls within the latter class. The fact that a company is licensed and supervised by the Dominion Insurance Department will be a guarantee of its standing. Life insurance agents are also licensed now, so that there is reasonable protection against any dishonesty or misrepresentation. Generally, it will be a safeguard to have a written statement from the agent or company as to the nature of the policy, guarantees, etc.; then, when you receive your policy, you will have the opportunity of verifying all important provisions and figures.

Above all, after you have with due consideration taken out a policy, do not allow other agents or policyholders to persuade you that you might have had it cheaper. Rest assured that if others are paying lower premiums than you are they are getting less out of it somewhere.

## *Nurses of a Period*

By a Member of the New Zealand Trained Nurses' Association.

Many regrets are expressed in repeated reference made to the modern nurse, and whether she exists or not, it is a term which nurses of an earlier date resent, in that it reflects on the individual and the profession generally.

Yet we cannot completely close our eyes to the fact that nurses of today have changed a little from those of a decade or two ago. This statement is frequently made by those of considerable experience who speak with measured judgment. Also, those of experience are frequently being asked why there should be any change at all. Obviously there are many reasons.

First, we must remember that there is a wave of gaiety and extravagance passing over the world and our young people are much touched by it. They seek more the pleasures of life which are so generously offered. This being so, we can scarcely expect precisely the same material to commence with. Then again, great changes have taken place in our training schools. During the last twenty years hours of duty have been considerably shortened; rate of pay much increased during the years of training; the training of extremely young girls; the ever-increasing desire to train those of higher education, and rightly so, but which probably excludes many who are admirably fitted for the work. The complete disappearance in our New Zealand Hospitals of outdoor uniform, which no doubt has removed a little restraint; more attractive indoor uniform; the tendency to dissociate nursing from a religious basis; and lastly, the complete control of nurses in training is now not left entirely to those responsible for their choice. By this I mean that we now have m o r e exacting committees and public bodies to serve, which perhaps tends to dilute our disciplinary methods from the original standard. These many reforms may mark the progress of the profession. Undoubtedly many of them do, but I have no hesitation in saying that they increase the difficulty of "choice of candidates," in that our hospitals and nursing appear to be much more attractive and therefore are likely to tempt girls to take up nursing as a means to a livelihood rather than from the natural motive: a desire to nurse the sick and help the poor; and the professional motive: the desire and perpetual effort to do all things as well as they can be done.

Whatever progress our profession has made with regard to improved conditions and methods of teaching, we can never improve on the ideals and traditions of Florence Nightingale. All through her noble life she urged the importance of choosing pupils. Women of proper age (25-35) and character should be most carefully chosen. There were many women of education, clever in many ways, but who were by nature unfit to carry out successfully the duties of a nurse.

Nursing should be a recognized occupation for gentlewomen, and moreover women of high ideals. In her addresses to probationers she emphasized the fact that nursing requires a special call and that it needed, more than most occupations, a religious basis. That it was an art in which constant progress is the law of life. And, lastly, that a nurse, whether she wills it or not, has, of necessity, a moral influence. These ideas appear in almost every address and are illustrated in various ways. A women who takes a sentimental view of nursing—which she calls "ministering," as if she were an

angel—is of course worse than useless. A woman possessed with the idea that she is making a sacrifice will never do. A woman who thinks any kind of nursing work "beneath a nurse" will simply be in the way. The work that **tells** is the work of the skilled hand, directed by the cool head, and inspired by the loving heart. If we could be sure of these qualities, or develop them early in training, we should have no fear of turning out nurses "of a period." Miss Nightingale's principle always was that the very best training should be given to any woman, of any class, of any sect, who had the requisite qualifications — moral, intellectual, physical—for the vocation of a nurse. She also believed much in individual influence and dilated upon the dangers to which nursing was subject. These are fashion on one side—a consequent want of earnestness and a disinclination to carry responsibility; and a question of money on the other side. Here are many of the difficulties of the present day. Also, nurses must now acquire a thorough knowledge of anatomy, physiology, bacteriology, of physics and of other arts and sciences. They are well equipped with knowledge of modern surgery and are diligent in seeking to add to this knowledge: keen to nurse anything of an acute nature, with a result that chronic nursing is often regarded as something of little interest. Indeed, it has been known for nurses to refuse to nurse cases of a chronic nature, which of course proves that they are not nurses at all. However, they pass examinations brilliantly, but if they were asked to write on the requisite qualifications as laid down by Florence Nightingale, something about her life, the history of nursing, and the importance of detail and observation, how many would find that this study had not kept abreast with all they know about modern surgery, etc.

In conclusion may these questions be asked:

Are our nurses less pleasing than those of a decade or two ago? If so, is it because we are modern in our training, and have we failed in adopting methods of discipline and teaching according to the new needs? Are our schools places of training of character, habits, intelligence and art of exercising authority, as well as acquiring knowledge? And lastly, are we teaching sufficiently the standards of Miss Nightingale, and are we perfect in example, and in carrying our nurses on in the path of perfection?

(From "Kai Tiaki." A paper read at the annual meeting of the New Zealand Trained Nurses' Association, held at Christchurch, New Zealand.)

## *A Word of Encouragement*

The following is an excerpt from a letter recently received by the President of the Canadian Nurses' Association from Mrs. Rebecca Strong of Scotland:—

"It is very good of you to send me a copy of your official paper 'The Canadian Nurse,' which I pass on to my grand-daughter as I think it is good for the young to keep abreast of the times, and know something of what other countries are doing. One is so apt to imagine one's own methods the best, and do not trouble to find out what others are doing.

"I appreciate the journal very much, reading it with much interest. I congratulate you on the intelligent manner in which the papers are written, and hope your Association will go on from strength to strength and become a great power for good."

# *Colloidal Lead and the Control of Cancer*

Within the past few weeks the lead treatment of malignant disease has burst from the comparative obscurity of the medical press into the full glare of newspaper publicity. The effect of this publicity has been more or less electric upon many of those suffering from cancer, and consequently the physician is compelled to take some notice of the method.

The question of treating new growths by means of metallic ions dates back to the Middle Ages when Guy de Chauliac, at Montpelier, used arsenical pastes to destroy superficial cancerous growths. This method has persisted to the present day in the hands of charlatans.

More recently, however, there has been an increasing interest in the effects of metallic ions upon tissue growth. In 1922 Borrel and others reported the effects of barium, silver and copper and lead ions upon rat tumours, stating that a large proportion of the tumours disappeared after the exhibition of lead salts. In 1923 Reding and Dustin, in Brussels, reported favourably upon the clinical effects of intramuscular injections of magnesium sulphate on metastases of cancer of the breast. Further reports by Slosse and Reding upon the influence of various ions upon malignant growths are to say the least surprising.

Of more immediate interest to ourselves, however, is the attention drawn to the work of the Liverpool Cancer Research Committee as a result of a recent address in this country by Professor Blair Bell. The efforts of this group have been directed to a laboratory and clinical study of the effects of lead upon cell growth in general, and upon the growth of neoplasia in particular.

Starting with the well known prevalance of sterility and abortion amongst women employed in the lead industries, Blair Bell and his group have studied the effect of lead salts upon various embryonic tissues, particularly the chorionic epithelium. He claims that the more embryonic the type of tissue and the more active its growth the greater are the toxic effects of lead ions upon that tissue. It is claimed that these rapidly growing tissues have a higher phosphatide and lecithin content than more mature structures and consequently have a greater affinity for lead ions. In man the malignant neoplasia are said to offer a close parallel to these embryonic tissues as far as rapid growth and high phosphatide content are concerned, and consequently they would have a corresponding attraction for lead, and that the metal would here exert its chief toxic action.

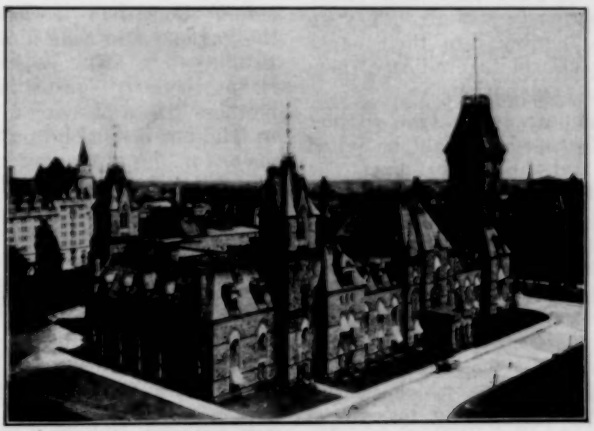
The poisonous effects of lead upon the body as a whole are too well known to require comment, and the first efforts of the committee have been directed to the development of some form of lead suitable for injection, with a relatively low toxicity, and from which lead ions would be liberated slowly after injection into the body. It is claimed that colloidal suspensions of lead possess these advantages, but so far the suspensions have been too unstable to allow of their use outside the clinic. Even with this preparation, toxic effects have to be guarded against by repeated studies of the blood, kidney function, and so on.

The clinical results as far as they have been published (some 200 cases) suggest that some retardation of the disease is possible in from twenty to twenty-five per cent. of cases, but the number of actual cures cannot be estimated for some years. It is stated that the lead tends to become fixed in the tumour, and exerts a more or

less definite toxic action upon the actively growing cells, resulting in some considerable decrease in the size of the mass, and in some instances a complete disappearance. Adami in a recent letter to the British Medical Journal presents an explanation of the rather irritating secrecy as regards the preparation of the material for injection, and the actual details of treatment. He sounds a necessary note of warning regarding the bad effects of publicity. The public should be warned not to expect too much. If the tumour is far advanced, and has infiltrated or replaced the normal tissues of some important organ, for example the stomach, the very act of causing necrosis of the cancer cells may be followed by a fatal giving way and rupture of the area involved, by perforation, haemorrhage and the like. These possible contraindications naturally limit the applicability of the method to a comparatively small group of cases, but even within these limits a material reduction of mortality would mean much to humanity.

A general review of the material suggests that it is still too early to give more than a very limited assent to many of the claims made. The originators of the method have not hidden the dangerous character of the treatment, which is still in the experimental stage; much still remains to be done before it can be put to the crucial test of widespread clinical use, and it is upon this clinical test after all, that the final judgment of success or failure will have to be based.

(From the Canadian Medical Association Journal, January, 1926.)



**EAST BLOCK, PARLIAMENT BUILDINGS, OTTAWA**

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I hold every man a debtor to his profession, from the which, as men do of course seek to receive countenance and profit, so ought they of duty to endeavour themselves by way of amends to be a help and ornament thereto.—Bacon.

## *Child Management*

### Fear

Fear is perhaps the most common emotion which human beings experience, yet it is extremely doubtful if the child has any inherent fears at birth. Most fears are produced by some experience through which the individual has had to pass in early life.

In dealing with children we are very prone to speak of their foolish fears, yet they are foolish and unreasonable to us as adults simply because of our inability to understand how certain experiences have left upon the mind of the child impressions and feelings which govern conduct for a long time. A large number of parents frighten children either as a punishment or as a means of obtaining desired conduct, and perhaps only a very few parents take the fears experienced by their children seriously enough. They do not make inquiry into their cause nor make efforts to eradicate them by careful explanation.

There appear to be two distinct types of fear—what might be called objective and subjective fears. The first are fears of things which can be seen or heard, like animals, policemen, doctors, lightning, guns, and high places. The subjective fears are more intangible, and the causes are very hard to find. They are based on the feelings and attitudes of the child to something which he has heard and upon which he has brooded without daring to express his fear.

Objective fears are usually more easily recognized and comparatively easy to overcome. Sometimes the child has forgotten the experience with which the fear was associated in the first place, but if it can be recalled the fear can be taken out of it by a straight-forward explanation.

Some children are afraid of anything new or strange, but they soon become accustomed to it if they are allowed to do so gradually. It is a mistaken notion that a child should be pushed into a situation where he is afraid in an effort to "train him." A little child who cries at his first experience of bathing in the big ocean is not helped by being thrown in, but on the contrary gets an experience of dread and fear of water which may not be easily overcome.

Fear of animals may occur at a very early age but usually passes off as soon as the child becomes accustomed to the sight of them, unless he has had some especially unfortunate experience in being frightened either by the animal itself or by threats that the animal will get him if he is not a good boy.

Many children are threatened with the policeman or the "bogie man." Sometimes mother speaks to the ragman and asks him to take a naughty boy away in his bag. It is particularly unfortunate when mothers use a threat of the doctor to frighten their children into obedience, for the time may come when a child's life may depend on a doctor's being able to get him to take treatment without crying or struggling. "The doctor cuts the fingers of little boys who touch things" is not good preparation for such an emergency.

Often fears are due to unpleasant experiences for which the parents are in no way to blame, and may even extend to things which are merely associated with the unpleasant experience. For instance, a child who has been hurt in a doctor's office may be afraid to enter any place which looks like a doctor's office. A book agent with his black bag, may be a terrifying figure to such a child. This is a very different thing from fears that are produced in the child's mind by threats. The

fears based on a real experience can be overcome by gradually associating pleasanter things with the same situation or by appealing to the child's courage to face his fears bravely.

Children quickly adopt the attitude of their parents, be it one of bravery or fear. Many mothers wonder where their children get their fear of lightning or animals, forgetting that they themselves have shown fear when they thought the children were not noticing.

Such was the case with little Ellen. Her mother thought the child inherited from her a fear of the dark and everything strange. Ellen would awaken screaming at night, saying some one was climbing in at the window. Her mother compared this in the child's hearing to her own fear of being left alone of an evening, when she thought every sound meant a lurking marauder. The mother had heard many ghost stories in childhood, and though she denied that she had ever told them to Ellen, she talked quite freely about them in her presence. It is not hard to see where this child's "inherited" fears originated.

If the child develops a fear of loud noises and flashes of light, such as thunder and lightning and firing of guns, he can overcome it only with the help of intelligent suggestion from the parents. He must see from their attitude that there is no occasion for fear. The mother who is terrified by these situations and whose fear is openly demonstrated before the child can be of no assistance to him. Imitation clearly plays an important part in the development and control of fear. This may be seen, for instance, if things go wrong at sea and a ship is in danger. One panic-stricken person may start a stampede for the lifeboats, whereas one calm and fearless officer can quell the impending panic and control the situation.

The subjective fears are very hard to trace back to their cause and to overcome. They are often so vague and intangible that an adult would not dream that a child could be thinking of such things. As Victor Hugo says in his Recollections of Childhood, "But a thing once said sinks in the mind; that which has struck the brain often, from time to time comes back again, and in the breast of simple infancy lives unexplained full many a mystery."

For example, vague and poorly formulated ideas about death are the basis of more mental anxiety in children than is generally supposed. To one child death meant being buried in a hole, another child had a fear of being buried alive, and many children are disturbed by the line in the evening prayer which is familiar to most children, "If I should die before I wake." It would be impossible to state all the vague fantasies of childhood about this ever-present problem of death, but it should not be difficult to give the average child a conception of death and the hereafter which will do much to allay the common fears surrounding this mystery.

Another common fear which children have is that of being deserted by their parents. This undoubtedly is brought about in many instances by their having been told at some time or other that if they were not good their parents would go away and leave them. Some parents even wrap them up and say they are going to give them away. One mother, who had to go to a hospital for a week's treatment, told her little girl, 3 years old, that she was going out to buy a loaf of bread. The child watched at the window for her mother to come back, and when hour after hour passed she became terrified. Once she was taken past a huge building where she saw her mother in a bathrobe sitting at a window but could not speak to her.

(Continued on page 194.)

# *Tentative Programme of the Biennial Meeting of the Canadian Nurses' Association to be held in Ottawa, August 23-27, 1926*

**MONDAY, AUGUST 23rd, 1926**

8.00 a.m.—Registration.

9.00 a.m.—Executive Committee Meeting.

**Opening Session, 11.00 a.m.**

1. Call to Order.
2. Reading of the Minutes of the last General Meeting.
3. President's Address.
4. Report of the Honorary Secretary.
5. Report of the Executive Secretary.
6. Financial Statement.
7. Appointment of Resolutions Committee.
   Appointment of Scrutineers.
   Appointment of Press Representatives.

**Afternoon Session**

1. Report of the Editor of "The Canadian Nurse" magazine.
2. Reports of Standing Committees:
   Arrangements.
   Membership.
   Programme.
   Publications.
3. Reports of federated associations.
4. Discussion of reports.

**Evening Session, 8.00 p.m.**

Chairman: President of the Ontario Registered Nurses' Association.

1. Addresses of Welcome:
   By His Worship the Mayor of Ottawa.
   By Miss Isabel McElroy, Chairman of the Arrangements Committee.
2. Response to the Addresses of Welcome: Miss Jean E. Browne, President, Canadian Nurses' Association.
3. Report of the National Memorial Committee, by Miss Jean I. Gunn, Chairman.
4. (1) "Military Nursing in England," by Dame Maud McCarthy, Matron-in-Chief, Territorial Army Nursing Service of Great Britain.
   (2) Address by the President of the Canadian Medical Association;
   (3) "Modern Health Problems," by Allen Craig, M.D., C.M., American College of Surgeons.

**TUESDAY, AUGUST 24th**

9.00 to 9.30 a.m.—Registration of Delegates.

**Morning Session, 9.30 a.m.**

1. Unfinished business.
2. "Nursing Legislation in Canada."
   Short reports on this topic by the President of each Provincial Association, followed by general discussion.
3. Resolutions which have been submitted to the federated associations.
4. Matters referred by the meeting of the Executive Committee immediately preceding the General Meeting.

**Afternoon Session**

Unveiling of the Memorial to the Nursing Sisters who lost their lives in the Great War.

**Evening Session**

Nursing Education Session:
Chairman, Miss F. M. Shaw.

**WEDNESDAY, AUGUST 25th**

**Morning Session, 9.30 a.m.**

Nursing Education Session.

**Afternoon Session, 2.00 p.m.**

Nursing Education Session.

**Evening Session**

Reception at the Chateau Laurier.

**THURSDAY, AUGUST 26th**

**Morning Session, 9.30 a.m.**

Private Duty Session:
Chairman, Miss Emma Hamilton.

**Afternoon Session, 2.00 p.m.**

Private Duty Session.

**Evening Session, 8.00 p.m.**

Public Health Session:
Chairman, Miss Florence Emory.

**FRIDAY, AUGUST 27th**

**Morning Session, 9.30 p.m.**

Public Health Session.

**GENERAL SESSION**

**Afternoon, 2.00 p.m.**

1. Unfinished business.
2. Election of Officers.
3. Report of Resolutions Committee.
4. Adjournment.

## *Parliament Buildings, Ottawa*

The first foundation stone for the Parliament Buildings was laid in 1860. The buildings, partly destroyed by fire in 1916, have been rebuilt. In this illustration one sees the majestically beautiful Victory Tower, the corner-stone of which was laid by the Prince of Wales during his first visit to Canada, in September, 1919.

# Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section.
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

## *The Private Duty Nurse*

By MYRTLE E. KAY, Reg.N.

The Private Duty Nurse first, last and always represents Knowledge: her own special knowledge of dealing with the sick. She is expected to be an expert in nursing, which in itself covers a broad field, and a thorough educational background is essential. It has been found that the education to be obtained in our colleges is in general an aid through the days spent in the training school of a hospital.

Following the training school experience of three years under discipline, with regular hours and the necessary close attention to her work and study, the nurse should be efficient in the care of the sick and able to give her patient the best of care while ill and so enable him to make a more speedy and satisfactory recovery. The educated, experienced nurse instinctively knows how to win the confidence of her patient. She maintains order and cleanliness in the sick room without antagonizing other members of the household.

The public demands a nurse who is well trained, strong in body and calm in mind, with an inexhaustible supply of cheerful common sense.

Does the young graduate who is ready to leave her training school ever ask herself: "Why am I going to do private duty nursing?" The actual motive of every nurse's life, whatever her sphere, is helpfulness, and among all the varied branches of nursing there is none that brings more joy and relief in her train than does the private duty nurse who takes up her duties efficiently in one family after another. She is so helpful when she enters a home whose members are tired with unusual work and anxiety, and inspires confidence. The nurse, with cool head, trained hands and sympathetic heart, assumes her accustomed duties and straightens out the snarled threads of the domestic tangle, keeping family and friends encouraged, and accurately carrying out the physician's orders. Every nurse should ponder as to what seed she is sowing for future reaping. Each day she should put a spoke in the wheel of progress. Nothing is more difficult to remove than a bad impression made on a family by a thoughtless, unconscientious nurse.

Occasionally the private duty nurse goes to hospital with her patient, where her influence over him is more pronounced than in any other place. The nurse should be most loyal and respectful to the superintendent of nurses and her staff, and kind and courteous to the student nurses. It is here that she may show herself an example rather than prove to be a nuisance to the nurses in training.

Again, the private duty nurse often does, or specializes in, obstetrical nursing: which is the most cheerful and happy nursing, for after delivery there is seldom the gloomy outlook which often confronts nurses in surgical and medical nursing. The care of the infant is almost sacred, and careful training of each young life gives a nurse an interest in the wee tot that time nor space ever uproots.

A nurse should always be enthusiastic over her work. It is very necessary that she be in the best of health and avoid becoming excessively overtired. It is foolish for a nurse to think that no one can take her place if she should "let up" for

a time. She cannot expect the patient or the family to think about her; if she requires time for sleep, let her speak about it. People are usually very considerate but often have too many problems of their own to think about the nurse.

Occasionally a nurse may enter a home in which she does not seem to "fit." A nurse should always be able to sense if she is not appreciated and it is wiser for her to suggest a change than to have the family do it. This does not necessarily mean that the nurse does not possess professional ability.

The private duty nurse must keep herself well informed on nursing problems and progress, which she may do by reading the various nursing journals, and by taking an active interest in her alumnae and other nursing associations. The nurse makes the profession what it is and each can do her part in establishing and maintaining it in its important role in present day community life.

(Miss Myrtle E. Kay, Reg.N., Convener, Private Duty Section for New Brunswick.)

## *Nursing in India*

**By IRENE COPE, Reg.N.**

Nursing is nursing in whatever part of the world we are, but if any nurse is somewhat tired of the humdrum of civilization let her step out into India—the land of dreams and Arabian Nights—where the need for nurses is so great and there is no registry with a waiting list! She will probably be the only nurse within a radius of one hundred miles. Of course there are several large European hospitals in India, where the routine is very much the same as here in Canada, except that all the cleaning and dirty work are done by the natives: the nurses doing only the actual nursing. Among the hospitals of India the Presidency General in Calcutta ranks first and it has quite a large training school for nurses, which is managed by the Clewer Sisters, of England.

Most of the private nursing is in the large cities of Bombay, Delhi and Lahore and is done by the Lady Minto Nurses who are scattered throughout India. This nursing service is open to all nurses who have had three years' general training with a special course in maternity nursing. These nurses only attend the Europeans.

To consider India's need for nurses: India with its millions of subjects of our Empire and no one to look after its bodily needs! Imagine a small town in East Bengal with a population of over 20,000 and only one nurse for the whole district of two hundred miles, or sometimes no white doctor!

Take an average day in a nurse's life in that town in Bengal. First, in the morning there is the small hospital of twenty beds with only one Bengali to help, and one who has not had any regular training.

The chief diseases are all kinds of fevers: Malaria, which is the most common, is treated with quinine, sometimes as much as forty grains being given in a day. Cholera is very bad at times, owing to the water, and this disease proves fatal in a few hours if immediate attention is not given.

As well as the actual work in the hospital, there are the out-patients, some of whom have to walk twenty miles for medical aid, and very often have treated themselves at home. Imagine burns and wounds being well covered with a paste of cow dung, and other sores well peppered! A poor old woman once came to the hospital, suffering from rheumatism. After the nurse, with her limited knowledge of Bengali, had found out her complaint, she gave the woman a bottle of medicine to

be taken twice a day, with the dosage carefully marked, said "Goodbye," and saw her depart for home. Coming back two hours later the nurse found the old woman still sitting outside the hospital, holding an empty bottle. When asked where the medicine had gone, she replied in Bengali: "If one dose good, twelve doses very good. I drank it all and my diseased body is now well!"

Then there is the maternity work, which calls for great skill. Every nurse should know how to use instruments, and have had a lengthy and varied experience in deliveries, as one never gets a normal case; all such are treated in their own mud huts by their husbands or friends.

A maternity case in India will be up cooking her rice the second or third day after delivery, and most of the little mothers are between the ages of twelve and sixteen years.

There are three essential qualities for a nurse wishing to work among the natives of India: unlimited patience, a great sense of humour, and above all, a tremendous love for mankind—"A love that never faileth" and sees something of the divine in every patient however low that patient may have sunk. The need is great and the work is more than interesting: no two days are ever exactly alike.

(Miss Irene Cope, Reg.N., formerly of "The Oxford Mission to Calcutta.")

## *Child Management*—(Continued from Page 188)

Weeks later, when mother was at home and well, this child could not sleep at night fearing that her mother would go away again if she closed her eyes. Fear of being deserted is not often expressed in words but more often in the attitude of the child toward the mother, so that separation, even for a moment, produces an unpleasant scene. A child with this hidden dread may give up games with other children in order to stay close to mother's side, and, even up to the age of 10 or 12, may return home frequently to make sure that mother is there.

Things said in jest may cause great anxiety to a little child. A man, now a college professor, relates how he suffered for weeks in boyhood because some one told him that if he ate bread and molasses horns would grow on his head. He at once gave up eating that delicacy without explaining to anyone through fear that he would be laughed at. Then he imagined that he had lumps on his forehead. In a frenzy of anxiety he asked his mother if she could feel the horns, and she, thinking it was a part of some game, said, "Yes, I believe I do." The grown man still feels the pain of that experience.

Fear is a driving force in human conduct. It makes us do things; it keeps us from doing them. It protects from danger, and without a reasonable amount of fear mankind could not live. It is useless to talk about eradicating fear, but in training the child every effort should be made to see that fear does not become a curse instead of a means of protection. A child should fear punishment, danger, loss of the approval of those he cares for, and, when he becomes old enough to appreciate it, loss of the approval of his own conscience. He should not have to spend his early years weighed down by fears which make him nervous and sleepless at times, afraid to play happily or work with enthusiasm, all because some one found it convenient to get him to obey through fear or failed to help him by wise understanding and explanation at the right time to get rid of the scars of unpleasant experiences.

(The Child Health Bureau, September, 1925.)

# Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

## *Nursing Education in Finland*

*Preliminary Training*

By FLORA MADELINE SHAW, Reg.N.

### Nurses and Nursing in Finland

To those of us who were fortunate enough to have been in Helsingfors last summer the words bring back memories of well-educated, capable, devoted women — whose keenness and whose pride in their profession called forth our enthusiastic admiration, possibly at times our envy. So one feels that it is well worth while to try to gather together some of the facts about Nursing Education in Finland, for although facts are dry things surely they are the foundation stones of the building. Perchance one may here and there find inspiration even in the dry bones of facts.

### The Nursing School of the Association of Nurses in Finland

In 1906 the above school was established by the Nurses' Association in order to provide the preliminary training course for the nurses of the University clinics (a University group of hospitals, comprising the surgical, medical, gynecological, children's, eye, ear, nose and throat and dermatological hospitals.) For this work the Association obtained and still receives government grants.

At first the course given was of eight weeks' duration (the time was soon lengthened to three months, and in 1920 to four months).

At the time the school was opened the full course of training only lasted one year and a half. This was gradually lengthened, until in 1921 a three-years' course, including the preliminary four months, was established.

### Board

The board of the present school consists of five members, two of whom are doctors, two are nurses, and one a lawyer; the latter acts as chairman. All the members except one are elected by the Nurses' Association; this one is the Superintendent of Nurses of the Surgical Hospital, who is an ex-officio member. This ex-officio member, known as "Leader of the Course of Nursing," was then, as now, the Baroness Mannerheim, that wonderful woman, trained at St. Thomas Hospital, London: a Nightingale nurse in fact, as indeed she is in spirit.

### Fees

The school is maintained in part by students' fees. The charge is five hundred marks a month during the preliminary term, for board, lodging and tuition.

The school building, which is owned by the Government, is beautifully situated on the outskirts of the city; it is comfortably furnished and contains well equipped demonstration and class rooms, diet kitchen, etc.

During the preliminary term the students have no hospital training. A week to ten days' holidays for rest comes between the preliminary school course and the beginning of hospital work.

### Entrance Standards

Age 21-35

Education, complete middle school. Unless in exceptional cases each applicant is personally interviewed by the Leader of the Course.

Application papers consist of:—

1. Questionnaire; 2. Medical certificate; 3. Certificate from a clergyman; 4. Certificate from a dentist.

### Curriculum

| Subjects | No. of Lectures |
|---|---|
| Anatomy and physiology | 30 |
| Chemistry | 28 |
| Hygiene | 30 |
| Dietetics and cooking | 114 |
| Bandaging | 30 |
| Massage | 28 |
| First Aid | 6 |
| Care of infants | 10 |
| Practice of nursing | 76 |
| Work for convalescents, children and invalids | 20 |
| Psychology | 15 |
| Nursing ethics | 6 |
| History of nursing | 20 |

### Records

The students "Progress in Practical Work" records and efficiency records together with a general report are sent to the "Leader of the Course" every month.

### Hours of Work

Student hours — Preliminary course 6-7 hours daily.

Free time—Preliminary students, all Sundays and a half-day, weekly.

Total lecture hours, preliminary course—413.

### Excursions

Recreational expeditions are arranged as well as conducted excursions to hospitals and social institutions.

### The Municipal School of Nursing

There is another Preliminary School in Helsingfors, at the Municipal School of Nursing, connected with the Maria Hospital. It is also a four months' course, followed by two weeks' holiday. During these four months the student pays her board. The entrance standards, curriculum, etc., in both schools are very similar. The total hours for the preliminary course at the Municipal are 430.

The course given in Dietetics in both schools is unusually thorough. We saw and tasted most attractive and delicious dishes prepared by the students. But the course which perhaps impressed us most was the one given in occupational therapy, or as they call it "Work for children and convalescents" or Froebel work. A fascinating exhibit of student work done in this course was seen at the school of the Nursing Association.

Admirable as their preliminary schools in Helsingfors are, the Finnish nurses are not satisfied. They wish every nurse trained in Finland to have an equally good preliminary training and so they have a vision of a great central school in Helsingfors to be used for the preliminary teaching of all nursing students in Finland. It is truly a great vision and having met our Finnish Sisters and seen their work, we expect them to reach it.

(Miss F. M. Shaw, Reg.N., Director, School for Graduate Nurses, McGill University, Montreal.)

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The biennial convention of the three national nursing organizations of the United States will be held in Atlantic City from May 17 to 22. Joint meetings of these organizations will be held for the consideration of general questions pertaining to the profession and separate sessions for the discussion of nursing specialities. During the same week the American Health Congress will meet in Atlantic City.

# Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

## *Child Welfare in an Industrial Nurse's Programme*

By ELIZABETH JONES, Reg.N.

Child Welfare has always made its appeal to the general public, and employers in industry are no exception. If a certain amount of this branch of public health work can be woven into an industrial nurse's programme it makes her work much more interesting and pays dividends to all concerned.

It has been my experience with two companies to have infant welfare assigned as part of my regular duty. In one town of 10,000 population where a public health nurse was employed, I assisted each week at the Well Baby Clinic and did follow up work among our own families in co-operation with the city nurse. This was most satisfactory to both of us. At the present time, the company with which I am employed presents each new baby whose father works in the plant with a silver Remembrance Cup, suitably inscribed. I call and see the baby as soon as possible and frequently have made prenatal visits on the case. Often these visits can be made in conjunction with visits to sick absentees.

This sort of co-operation means a great deal to nurses who are working in small towns and are dependant on their own resources for keeping alive the spirit that prevents narrowness of view-point.

While this relationship between nurses is of advantage to them, there are practical results to be obtained that are of value. Quite often the father of the family is a very important factor in the baby feeding problem. He is apt to assert his views whether they be right or wrong and an industrial nurse frequently has the opportunity of having an interview with him and directing his influences the right way.

I have in mind a coloured man who came to my office three or four times and requested me to visit his baby. It was a case of over-feeding and I advised the mother accordingly, just as the city nurse had done. Finally, when he came in one day to tell me William was no better, I told him it was useless for me to call again because they were not carrying out my instructions. He was very apologetic and very grateful for my visits, but tactfully told me that I did not understand William's case. His baby needed more food than a white baby. This was a case without precedent for me and the man was firmly convinced that he was right. He knew he was right because he, himself, required more food than the white men with whom he worked. He always brought more in his lunch-pail and ate every bit of it. Therefore, William could not subsist, let alone grow into a lusty, healthy infant on the same allowance as a white baby. It was quite a logical conclusion to him, but finally, we tried William on my schedule and he developed into the cutest little picaninny imaginable.

In another instance the father was in the right. There was difficulty in establishing breast feeding and some of the neighbours were advising artificial food. His wife could not speak English, and had not understood the city nurse very well, so he asked me to visit his home

when he was off work. He said there was no difficulty when he was home to argue with his wife, but when he was at work she did as she liked. He was very anxious about the baby for he said he knew that babies fed from cans from the drug store often died. (This goes to prove that educational work among foreigners has its results. A public health nurse had been employed in this town for three years.) Two or three visits were made on this case. Our combined arguments won and the baby was naturally fed to the complete joy and satisfaction of the father.

Each industrial situation presents an entirely different problem, but in small or medium sized mills it seems quite possible for the nurse to successfully combine home visiting with first aid work. Employers who make a study of industrial relations between employer and employee, feel that this contact with their families through the plant nurse, is of decided value in establishing the desired relation between men and management. If this type of organization can be developed, the industrial nurse has an unusual opportunity for the study of the family as a unit, and is able to carry on a scheme of generalized nursing in the broadest sense of the term, thereby giving satisfaction to employer and employee alike, as well as broadening her own experience.

(Miss Elizabeth Jones, Reg.N., Plant Nurse, Spanish River Paper Mills, Sault Ste. Marie, Ont.)

## *Nutrition as a Health Problem*

By MARY C. HILTZ

We are confronted today by the ver-increasing number of children who fall below the standard set for a healthy well-nourished child. This standard may perhaps be best described in the words of Miss Lydia Roberts, of Chicago University, as follows:—

"A well-nourished child, first of all, measures up to the racial and family standards of his age in weight and height. He has good colour, bright eyes—no blue or dark circles underneath them—and smooth, glossy hair. His carriage is good, his step elastic, his flesh firm and his muscles well developed. In disposition he is usually happy and good-natured; he is brim-full of life and animal spirits, and is constantly active both physically and mentally. His sleep is sound, his appetite and digestion good, his bowels regular. He is, in short, what nature meant him to be before anything else—a happy, healthy young animal."

This should not be too high a standard to set, but unfortunately there are many children who cannot begin to line up to it. What is the trouble? Briefly stated, too little food, the wrong kind of food, too little sleep, and physical defects may be said to be the main causes.

Insufficient or unsuitable food and drink, such as tea and coffee instead of milk, is generally conceded to be the chief cause of undernutrition. The first requirement of a growing child is food. Every movement his body makes, every bit of work done, requires energy, and this energy must be furnished by the food he eats. If the food supply is insufficient, the body itself is burned to provide the energy, and loss of weight results. It is essential, therefore, that the diet of a growing child should be, first of all, generous in amount. An insufficient and inadequate breakfast of bread and coffee, whether or not the mid-day meal is adequate, practically always means too little total food, even though a hearty supper may be eaten. Indulgence in sweets and highly seasoned foods, habitual eating between meals, late hours, unventilated sleeping rooms, and lack of exercise may all

result in a "finicky" appetite, and thus in the taking of too little food.

A diet inadequate in the kind of food has equally disastrous results. To be well nourished, a child must have every day some body-building material, or protein, to help form his muscles, his blood, his heart, his lungs, his brain, and all other living parts of the body. Without it his muscles cannot develop normally nor his organs be in the best condition. Certain proteins of animal origin—those of milk, eggs and meat—are more valuable for growth than are those of cereals, beans, peas and vegetables. A liberal amount of the child's "building material," therefore, should be furnished by foods of animal origin. Failure to supply these in sufficient amounts may result in undernourishment and ill health.

Another specific need of the child's body is for minerals. He must have plenty of lime to build sound bones and teeth, iron to make red blood, and other minerals for just as definite purposes. Without suitable amounts of lime and phosphorus, his bones will surely be spongy and his teeth defective; while a lack of iron causes anemia. In this condition the blood has not enough normal red corpuscles to carry sufficient oxygen to the tissues to burn the food, and loss of weight follows. Since milk is about the only liberal source of lime, and since vegetables, fruits, whole cereals, and egg yolks, in addition to milk, supply most of the other minerals, it is readily seen that these foods must be included in the diet of children.

In addition to protein and minerals a child's diet must contain some of the growth-regulating substances commonly known as vitamins. There are three, A, B and C, which are found in varying amounts in milk, fruit and leafy vegetables. These three foods, then, take special prominence because of their high mineral content and vitamin value.

Indigestible foods and faulty habits of eating may also help to cause undernutrition. We have unquestionably gone a long way when we have provided a diet for a child which is ample in amount and adequate in quality. In ideal feeding, however, the suitability of the food, the hours of eating, and all other food habits must be considered also. It must be remembered that the child's digestive tract is far from being fully developed and should not, therefore, be expected to take care of all foods suitable for adult use any more than an immature body can be expected to do the work of a man. It is important to all his future life that his organs be not overtaxed nor his digestive system weakened while he is young. To insure this demands the provision of simple, well-cooked, easily-digested foods; the exclusion of all rich, highly-seasoned, indigestible ones; the introduction of new foods only gradually; and regular, unhurried meals, with no indiscriminate eating between meals.

There are undoubtedly other factors which influence the health of the child, but if the food is right in kind and amount, one big step towards the standard of a healthy well-nourished child will have been taken.

## *Little Mothers' League*

By ELIZABETH G. BREEZE, Reg.N.

In January, 1917, the first Little Mothers' Leagues were organized in the Vancouver schools. These Leagues, which were much along the lines of those in other cities, were founded in the public schools for girls of twelve years of age and over, the object being to teach young girls the care of babies. It was found that so many had more or less care of the little ones in the home that it was thought that some better babies might result from such instruction. It was also realized that such training would be useful to the girls in later life. The Leagues were

conducted by the school nurses and each succeeding year saw the organization of them in the schools. Though the classes were well attended and much interest displayed by the girls and much commendation received from many sources, still there were certain conditions surrounding them that were most unsatisfactory.

In the first place the classes were available for only a limited number of girls each year. The school nursing staff was not large enough to permit organizing a League in each school every year, but only about once in every three years, and so many girls, often those needing such instruction most, dropped out of school before the opportunity came to attend these classes. Then, too, the Leagues were open to all the difficulties of a voluntary after-school class, irregular attendance due to a great variety of causes—"Have to go home to mind the baby;" "This is my music lesson day now;" "Have to practice for the ball game," and endless other excuses. The nurses found difficulty, too, in keeping the class time down to one half hour and getting in sufficient time for practising various procedures. The greatest difficulty of all, however, was that only **some** of the girls had the advantage of the classes. Every school principal endorsed the work and spoke highly of its value, and all felt that every girl should have such instruction. So the problem was how to arrange it so that every girl in the eighth grade would have this work.

Just at this time the Household Economics Curriculum was being revised and the suggestion was made that Infant Welfare be included in the new curriculum. This was somewhat of an innovation, but it was found that the time for it could be arranged, teachers were available, and it would solve the difficulty of giving it in school time to every school girl. After numerous conferences and discussions, it was decided that it was possible and that the experiment should be made. Many of the Household Economics teachers had had a course in Infant Welfare during their training, but others had not. Those who had felt the need of some fresh instruction, so a course of lectures and demonstrations was arranged for the Household Economics teachers. It was also arranged that the school nurses should give any special instruction desired by the Household Economics teachers and also help occasionally with demonstrations. A carefully planned outline was worked out by the Supervisor of Household Economics Department and the Chief School Nurse, and in January, 1924, the work was commenced on this basis. It was very regretfully handed over by the school nurses, as it was work that was most interesting and appealed very strongly to them, but the staff felt that they had made a good demonstration and that for the sake of the greater good of the greater number, it was best to relinquish it. Two most important points were gained by this arrangement: first—Every girl in the eighth grade now takes this work; second—It is given in school time and so is recognized as part of the curriculum.

It is now two years since the change was made and we feel that it has passed the experimental stage, and we can truly say that it has worked well. The close co-operation which exists between the Household Economics Department and the School Nursing Department has been a very great factor in the success of this plan.

Vancouver is the first place in the province to make this arrangement. Little Mothers' Leagues on the old plan are carried on in many other parts of the province by school nurses.

(Miss Elizabeth G. Breeze, Reg.N., Head Nurse, Vancouver Schools.)

# *A Girls' Health League*

By MARY EWART, Reg.N.

With the consent of the Board of School Trustees of Point Grey, B.C., a Girls' Health League is in course of formation. As the Board had no funds available for this undertaking it was necessary to apply for support to the Federation of Parent-Teacher Associations, who became most enthusiastic, contributing $5.00 each, and in order to raise funds are holding a Tea and Musicale, so that sufficient support is assured for the future. At present it is planned to equip two centres at a cost of about $60 each, and this equipment will be moved each year from one district to another. Instruction will be given to girls in grades seven and eight. To encourage and stimulate the interest of the girls an organization will be formed consisting of a president, vice-president, and secretary, to be elected by the League. Five nominations may be made for each office. The executive committee will consist of the three officers and four other members, elected by the League. Ten members may be nominated for the executive committee, the four receiving the highest number of votes to be elected. The school nurse is to be ex-officio member of all committees. The duties of the officers shall be:

President: To preside at all meetings of the League and at executive meetings, and to conduct meetings in an orderly manner.

Vice-President: To preside in the absence of the president and assist her in every possible way.

Secretary: To keep the minutes of all meetings and a record of attendance.

Executive Committee: To transact the business of the League and arrange special features.

Special Committees: To do the work for which they are appointed.

It is suggested that each class adopt a motto and colours, chosen, if possible, by the class. Each member of the League is to have a note book in which notes on class work should be kept. Aims: To create and sustain an interest in personal health and in the health of the community; to teach in a practical, simple way the underlying principles of caring for babies; to make each member of the class a health maker in the community.

The success of the League will depend largely on the initiative and interest shown by the school nurse. The lessons should be made interesting and practical in order that the greatest benefit will be received. It will also be necessary for the nurse to see that meetings are conducted in a business-like way, so that the members may become accustomed to the correct procedure in the conduct of meetings.

The course will be divided into twenty lessons, one each week. If possible obtain the consent of the principle to allow one half hour of school time for the League meeting, otherwise the meetings will have to be held each week immediately following the last period in the afternoon of a specified day.

The course will be divided into twenty lessons, as follows:

1. Organization meeting; 2. Corner Stones of Good Health; 3. Home Sanitation: Baby's Home; 4. Baby's clothes; 5. Cleanliness: Personal Hygiene; 6. Girls' day. (Work for this day is to be arranged by the girls of the class. The special health subject and speaker may be chosen by the girls or the girls may put on a special work of their own); 7. Baby's growth and development; 8. Fresh air and ventilation; 9. Clothing; 10. Bathing the baby; 11. Sleep; 12. Girls' day; 13. The baby's bed; 14. Exercise and posture; 15. Food; 16. Baby's food; 17. Girls' day; 18. Care of milk and bottles; 19. Modification of milk; 20. Protection against disease; 21. Closing.

**Equipment:** 1 doll (baby size: must be washable); **Clothing:** 1 woollen vest, 1 flannel petticoat (Gertrude style), 1 white petticoat, 1 dress, 1 knitted binder, 1 night gown, 2 diapers (27") and 1 pair of stockings. **Bed and Bedding:** 1 crib, 1 mattress, 1 down pillow, 1 pair woollen blankets, 1 pair cotton sheets, 1 white spread, 1 yard rubber sheeting, 1 draw sheet, 1 pillow case and mosquito netting; **Bath:** Bath tub with two wash cloths, bath towel, face towel, basket and material for lining basket, talcum powder, safety pins, and soap box. **Food:** Double boiler, white enamel pitcher, tablespoon, teaspoon, graduated glass, baby bottles, nipples, sieve and bottle brush.

(Miss Mary Ewart, Reg.N., School Nurse, Point Grey, B.C.)

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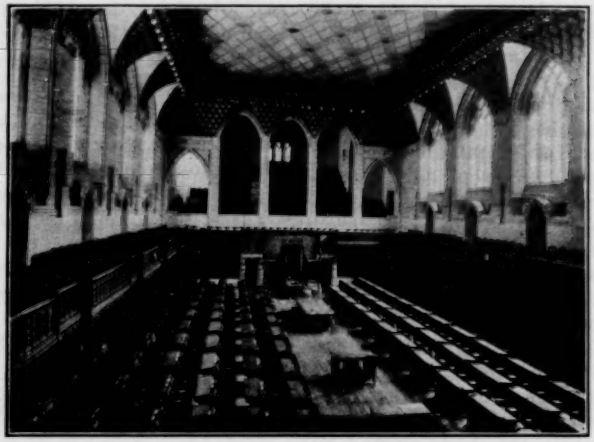
**Correction:** On page 92, February number, reference was made to a book "Children Well and Happy," by Miss May Bliss The author's name should have read Miss May Bliss Dickenson, Reg.N.—M. E. Nash.



**HOUSE OF COMMONS, PARLIAMENT BUILDINGS, OTTAWA**

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### *WHEN BARRIE MET STEVENSON*

What a charming story this of Sir James M. Barrie's about his only meeting with Robert Louis Stevenson! Stevenson, it seems—then a stranger to Barrie—bumped into him on the street while Barrie was on his way to a class at the University of Edinburgh. Barrie glared and Stevenson stopped, finally turning around and coming back.

"After all," he said, "God made me."

"He is getting careless," said Barrie.

Stevenson's first intention was to land a good swipe with his cane, but he thought better of it.

"Do I know you?" he asked, but with such charm that Barrie replied: "No, but I wish you did."

"Let's pretend that I do," said Stevenson. So they went off to a tavern, marked the score on the wall, and wound up with a terrific argument over Mary Queen of Scots.

# Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

## *Around the City with the Margaret Scott Nursing Mission*

By ISABELLA CRAIG

The Margaret Scott Mission gives to Pupil Nurses a trip abroad. In their own homes we visit families from Italy, Russia, Roumania, Germany, and the British Empire, all trying to observe the customs and live after the fashion of their own particular "Old Country."

### A Scotch Home

We are now entering a Scotch home. The people here are of the respectable type who resemble those reared in tenement homes in the heart of Glasgow. Grandmother is a dear, ninety years of age, short of stature, very bent; it is not old age alone we reverence in the smooth greying hair, her spotlessly clean checked apron and slow, calm manner. Coming to the prairie of Western Canada as a young girl with her husband, life for her has been one hard struggle. Lacking in education and finance, it has never been their luck to make a fortune or to rise above the station in life they were in on coming to Canada. Her daughter works hard to support seven children and will not call a husband lazy who never finds work.

The first great-grandson is a Margaret Scott baby. The father is nineteen years of age, the mother eighteen; the father is at present unemployed, but unemployment does not seem to worry either of them. Apparently when poverty came in at the door, love did not go out at the window. The Margaret Scott Nurses in caring for the mother and infant try to help her realize the importance of her new responsibility.

### A Ukrainian Home

From far Ukrainia they came years ago. We are visiting this Ukrainian home because the mother is sick. There are three dear little girls. Mary, ten years old, is mother's right hand; she feeds the hens, does the cooking and housework, also acting as interpreter for the nurse.

On listening attentively—"There certainly are chickens in this patient's bedroom," I remarked. We looked below the bed, in the bureau drawers, everywhere, but no chickens could be found. That morning the hen that hatched this brood would not gather her chickens under her wing, consequently here were six dear little fluffy chickens in bed with our patient—a human mother to a chicken family.

It is impossible in this home to prepare a meal to tempt a patient's appetite. Tea is made in a tin mug; they have no teapot. Butter is an unknown luxury. Mary tells me mother understands the nursing is free, but "Who pays the carfares?"

### A Polish Home

Now we are walking into a Polish home. "Please wipe your feet thoroughly." The father here is at present out of work and prides himself on his clean, well-ordered home. He cleans, scours, scrubs, does the washing.

Every time you visit, father shows you the family portrait taken in more prosperous circumstances, particularly he points out himself, and how much younger he looked, his

"Missus," and how much thinner she was. In order to exhibit the portrait, father has to climb on a chair and remove it from the wall, but it would take a brave nurse to say, "I have seen it before," and deny a proud father the pleasure of showing it again.

The kiddies are dear little girls, clean and well cared for. Though funds are often low, their parents would starve to satisfy their children. As we bathe the infant we give a clinic, the little girls arranged along the opposite side of the table. While cooking dinner father keeps one eye on the girls lest Katy should upset the alcohol or Lena inhale the cord powder. Father is very grateful to the Margaret Scott Mission and hopes the day may come when he will be able to repay—it likely never will.

**An English Home**

"An Englishman's home is his castle!" This English home at present is in rather a dreadful condition, untidy, every dish in the house appears to be dirty. It is plainly to be seen that this state of affairs has not existed long. The mother lying beside her new-born babe is nearly frantic with worry. She offers an apology—"Father never boiled a kettle in his life." When Frances was born they were in much better circumstances. "Dear Frances," — mother never thought that little girls should be worried with housework, they had so many lessons to do.

The nurse sympathises with the poor mother, coaxing Frances to help tidy up, and leaves a happier home, thankful that babies come to this family only once in ten years.

**A Roumanian Home**

We are now visiting in this Roumanian home a man who is really sick. Were he only in a little better circumstances he would be in bed; instead, we find him struggling around the home trying to do for his family and allow his wife out to seek for work. This family is in desperate circumstances. We find them actually with nothing to eat in the house. The poor woman cannot speak English. Weeping bitterly, she tells you she cannot summon up courage to approach the officials for relief at the City Hall. Daily she seeks for work; accomplishing nothing, she returns home to her sick husband and starving children, seven dear kiddies with red hair and fair complexions.

On going to the store to buy food for them, the children follow one, watching with eager eyes. I watched them nudge each other and overheard their remarks, "She is buying something for us to eat, she is!" "I am hungry, aren't you?"

It is a very happy Margaret Scott Nurse who leaves a family like this enjoying a simple meal and sets to work to help them get city relief.

**A Ruthenian Home**

Just dream it is 4 a.m. and we are on our way to visit a Ruthenian home down by the river bank. It is a glorious June morning. The river, like a sheet of glass, reflects perfectly the Redwood bridge in its clear depths. The air is fresh and invigorating. No horrid city noises disturb the stillness, only the twittering of the sparrows. A policeman hurries round the corner but the uniform dispels his fears. A watchman around the C.P.R. sheds with his lantern still burning (apparently he has not noticed the dawn), wishes you a cheery "good morning."

Our destination is reached. Here the scene changes. A small window is not enough to illuminate the dwelling and on a chair burns a small piece of tallow candle, showing, like shadows amid the gloom, a Ruthenian mother and her new-born babe. She is very weary, tired of struggling to raise ten children and goading on to work a husband whose favorite pastime is sampling "home brew."

There are flies simply everywhere in this home, but the Margaret Scott

Nurses are the best "fly-killers" on the market and before the last visit is paid, even the youngest members of the family will be helping wage war on the flies.

### An Irish Home

This home will not give you a good impression of Ireland, but we know very few of Ireland's sons and daughters resemble this family. Dirt and filth, flies and swearing are the outstanding characteristics of this home. On entering early in the morning you will find a row of unemployed young men asleep on the floor. Kiddies are so dirty you wonder how they can escape contracting disease. The baby seems to be the cleanest member of the family and even he has to share a bed with a mother who finds it impossible to keep herself clean and tidy.

No home is too bad to change. At the end of ten days, with the help of one twelve-year-old girl, the household has been improved. This little girl was coaxed to dress herself; then the younger members of the family were admitted to the realms of cleanliness, and eventually the house, even the walls were kalsomined at the last. On the tenth day, the young sleepers had gone to seek for work. An enemy reigned victorious at unscreened doors and windows. The flies found a cleaner house no reason for staying away.

### A Tragedy of Old Age

In a miserably furnished room close to the railway track we find a lone old woman. She has two daughters, but neither of them has the time to care for their poor old mother. A more comfortless spot for any sick person, unable to move, one could not imagine.

It is the privilege of the Margaret Scott Nurse to send the old lady to our own hospital with its ever open door: the key was lost fifty years ago. It gives a tired nurse a happy feeling to picture our patient in a clean bed with every comfort surrounding her and cared for by a fellow-student.

Now we are back home to 99 George Street. Each happy day begins with an approach to God's Mercy-seat, a happy breakfast and Mrs. Scott's blessing on the work of the day. At the evening hour you will find a happy group of girls around the fireside exchanging stories and experiences, humorous and otherwise.

Our Mission training is a study in psychology. The girls come back to hospital with a new feeling for the public ward patient, particularly the poor foreign woman, having seen her in her own home, realizing how hard is her life and the extent of her love for her family.

We thank you for the golden opportunity and wish the Margaret Scott another Prosperous and Happy Year.

(A paper read at the annual meeting of the Margaret Scott Nursing Mission, Winnipeg, by Miss Isabella Craig, Class 1926, Winnipeg General Hospital.)

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## THE SPINE

Mrs. Ruth Shaw, the Supervisor of Junior Red Cross for the Province of Quebec, was recently speaking to a group on posture. She asked some searching questions about the spine, and one young Junior replied—"The spine is a little creeping thing that goes up and down behind you. Your head sits on the top and you sit on the bottom."

# News Notes

## ALBERTA

### CALGARY

Miss Lockeridge left recently for Portland, Ore., and Miss Jarrett has returned to her home in Los Angeles, California.

Miss M. Watt has returned to the city after spending three months at her home in Didsbury where she had been called on account of the illness of her father.

Miss J. Elliott is back in Calgary after six months' absence spent with friends in the United States and coastal cities.

### EDMONTON

The regular meeting of the Alumnae Association of the Royal Alexandra Hospital was held in the class room on Monday, March 1st. It was decided to hold a dance in the Nurses' Home on Friday, March 19th—Conveners were appointed to make all arrangements. After the business part of the meeting, Dr. J. B. Collip, of the University of Alberta, addressed the Association and members of the School of Nursing, on "The Ductless Glands." A pleasant social hour was spent after the meeting, at which refreshments were served.

The 1926 graduating class of the Royal Alexandra Hospital were guests at a delightful dance given in their honour by the Senior class of the University Hospital in the Red Cross Hut, on Friday, March 5th. The room was beautifully decorated with orange streamers and crepe paper, while humorous drawings indicating various branches of the medical profession draped the walls.

The Nurses' Home of the Royal Alexandra Hospital presented a very festive appearance on Friday evening, February 19th, when the Intermediate Class of the Training School entertained the graduating class at a Novelty Dance.

The rooms were originally decorated with streamers in the pastel shades, and the lights were shaded with the same colours.

After supper each member of the Graduating class was presented with a clinical thermometer and case, wrapped as a minature diploma tied with the school colours.

## BRITISH COLUMBIA

### VANCOUVER

The regular meeting of the Vancouver General Hospital Alumnae Association was held on Tuesday, March 2nd. A very pleasant social time followed the business meeting.

The Alumnae Association held a successful Fortune-telling Tea at the Nurses' Home on February 27th. The Home was prettily decorated for the occasion. The cake and candy booth was in change of Mrs. R. Stevens and Mrs. C. Woodworth.

Miss E. Bowman, 1925, has been appointed night supervisor at the Regina General Hospital, Regina, Sask., and has left Vancouver to take up her duties.

## MANITOBA

### BRANDON

Recently the Association spent a very pleasant social evening at the home of Mrs. (Dr.) Pierce. Lantern slides of a trip to the coast, very ably described by Mrs. Pierce, were greatly appreciated by all. An interesting feature of the evening was the presentation of a mahogany clock to Miss Nettie McLeod, who leaves shortly for Toronto. Miss McLeod has been connected with the Red Cross in Brandon ever since her return from overseas. Her departure is deeply regretted by the community as well as the Graduate Nurses' Association and her many friends hope she will fully enjoy a much needed rest.

### WINNIPEG

At the suggestion of Dr. Mary Crawford, Medical Officer of the public schools of Winnipeg, the various branches of public health nurses have met on three occasions during the winter for a social hour, with refreshments, after the day's duties. In October the school nurses entertained this group in the school board offices, when it was decided to meet again in December. After Christmas they were the guests of the provincial staff in their rooms at the Parliament Buildings, when several of the rural members were in the city to attend a conference. In March, the civic staff, comprising the T.B. and the Child Welfare Nurses, entertained at the Bureau of Child Hygiene.

Miss E. J. Wilson, Reg.N., has been transferred from her position as Supervisor of Maternity Homes, Babies' Boarding Homes and Day Nurseries to the tuberculosis work in districts where there are no permanent public health nurses, to act as social nurse for the tuberculosis hospitals and sanatoria, and to assist in the organization of chest clinics, throughout the province of Manitoba.

Miss Street, Reg.N., who was in the Dauphin District, is now Supervisor of Maternity Homes, etc.

## NEW BRUNSWICK

### SAINT JOHN

A meeting of the Executive Committee of the New Brunswick Association of Registered Nurses was held in Saint John on February 26th, at the home of Miss McGaffigan. Those present were: Miss Murdoch, president; Miss Retallick, secretary-treasurer; Miss Mitchell, Miss Coleman, Miss Dykeman, convener, Public Health Section; Miss Kay, convener, Private Duty Section; Mrs. Dunlop and Miss McGaffigan of Saint John; Miss Pritchard, representing the Fredericton Chapter, and Miss McMaster, representing the Moncton Chapter of the Association. Refreshments were served at the tea hour by Miss McGaffigan. In the evening a general meeting was held at the Nurses' Home, General Public Hospital, for the purpose of revising the constitution and by-laws. On Saturday, February 27th, a meeting was held at the Saint John County Hospital to discuss the question of affiliation in tuberculosis nursing and public health between the general hospitals of New Brunswick and the Saint John County Hospital. Dr. H. A. Farris, medical superintendent of the latter institution, acted as chairman. Others present were: Miss Murdoch, superintendent of nurses, General Public Hospital, Saint John; Miss Coleman, superintendent of nurses, Saint John County Hospital; Miss Pritchard, superintendent of nurses, Victoria Public Hospital, Fredericton, and Miss McMaster, superintendent of nurses, Moncton Hospital. Matters of interest concerning the curriculum for this course were discussed at length, after which luncheon was served by Miss Hall of the County Hospital.

### MONCTON

The regular monthly meeting of the Moncton Chapter, N.B. Association of Registered Nurses, was held on March 1st, in the Board Room of Moncton Hospital.

Miss Bertie M. Wells, Reg.N. surgical supervisor on the staff of the Moncton Hospital, is with a very sick friend at the Saint John County Hospital.

Miss Marjorie Buckley, Reg.N., recently returned to Moncton after spending a vacation with her parents at Harcourt.

Miss Turner, Reg.N., has accepted a position with the Moncton Branch of the Victorian Order of Nurses. Miss Turner succeeds Miss Margaret Muirhead, Reg.N., who resigned recently.

Miss Marietta Crane, Reg.N., graduate of Kings' County Training School for Nurses, New York, has been appointed laboratorian at the Moncton Hospital. Miss Crane comes to Moncton from Brattleboro, Vt.

Miss Ella Sutherland, Reg.N., is engaged in relief work on the staff of the Moncton Hospital.

Sister St. Rita of Hotel Dieu, Chatham, is visiting in Moncton, where she is the guest of the Rev. Sister Angele de Brescia, Superior of the Hotel Dieu.

### WOODSTOCK

Miss Gladys Hayward, Reg.N., Fisher Memorial Hospital, 1925, is taking a post-graduate course at the Montreal Maternity Hospital.

Miss Sadie Payne, Reg.N., M.G.H., 1926, has been appointed night supervisor at the Fisher Memorial Hospital. Miss Payne succeeds Miss Anna Hogge, Reg.N., M.G.H., 1924, who, on account of illness, resigned her position and has returned to her home at Inverness, P.Q.

## ONTARIO

The first annual meeting of the Registered Nurses' Association of Ontario will be held at St. Thomas Parish House, Belleville, April 8th, 9th and 10th, 1926.

### BELLEVILLE

The Alumnae Association of Belleville General Hospital has made arrangements to equip a utility room on the main floor of the hospital with a sterilizer.

Miss M. Cockburn has been visiting friends in Belleville.

Miss Agnes Sabin and Miss Hattie Mastin have resigned their positions at St. Mary's Hospital, Rochester, Minn., and are engaged in private duty nursing in California.

Miss Rachel Finnie is in Toledo, Ohio, and Miss Drummond in New York City. Both are doing private duty nursing.

Miss Annie Seeney has been appointed supervisor of the Isolation Department of Grasslands Hospital, New York City, and Miss Flossie Hannah has accepted a position at the Kayler Hospital, Rochester, Minn.

### FORT WILLIAM AND PORT ARTHUR

The annual dinner of the Thunder Bay Graduate Nurses' Association was held on Thursday, March 4th, at 7.30 p.m., in the Prince Arthur Hotel, at Port Arthur, covers being laid for sixty guests. Mrs. C. S. Langille, the President, being unavoidably detained in Prince Rupert, B.C., the chair was occupied by Miss Morrison, first Vice-President of the Association, Superintendent of the McKellar General Hospital, Fort William. The tables were set in the form of a maltese cross, with flaming red centres radiating on each arm, symbolical of the banner of the "red cross" under which so many nursing sisters have imperishably inscribed their names on the "roll of honour." Complementary and subsidiary decorations were furnished by a wonderful collection of potted plants and cut flowers in red and white. Divine blessing on the gathering and on the service it represented was invoked by Miss Oliver, Superintendent

of the Railway, Marine & General Hospital, Fort Arthur. The toast "the King" was musically honoured with exceptional enthusiasm, followed by Mrs. J. C. Cook's proposal of the "Nursing Profession," herself a distinguished graduate of Toronto General Hospital and a former Superintendent of the McKellar General Hospital, Fort William. The toast of "the Guests" was most ably proposed by Miss Graham. The official programme was interspersed with community singing, for which Mrs. R. A. Robinson provided a most sympathetic pianoforte accompaniment. The speaker of the evening was Dr. V. B. Dowler, who took as his subject "The child who, as a citizen of tomorrow is influenced, directly or indirectly, by the graduate nurses." Dr. Dowler has specialized on "the child," and has distinguished himself already in marked degree on this important branch of medical service. He leaves shortly to join the staff of the Mayo Brothers' Clinic in Rochester, Minn. A gifted orator, with a sympathetic sense of humour, he gave an address that will be long remembered by those privileged to hear him. Following, Miss Morrison gave a lucid explanation of the proposed change of nomenclature whereby the Ontario Graduate Nurses' Association will in future be known as the Ontario Registered Nurses' Association. During the evening the retiring President, Miss McDougall, was presented with a beautiful corsage of flowers—roses and lilies-of-the-valley—as a token of affection and esteem for her services during the period that she was President of the organization.

Before closing a grateful vote of thanks was passed to all those who had contributed to the very remarkable success of the evening. Proposed by Miss Oliver, seconded by Miss Bell.

Those present included: Dr. and Mrs. V. B. Dowler, Mr. and Mrs. R. A. Robinson, Mesdames Eberts, McCallum, Petrie, H. S. Hancock, J. H. Bailey, Fell, McIvor, Tichnor, Toole, O'Leary, Strachan, Taylor, Fraser, Cook W. T. Young, Wark, Foxton, Fred. Edwards, C. Francey, H. F. Young, Pat. Flanagan, Miller, R. J. Jones, A. C. Lake, J. S. Fife, Archie Bruce, Strang, Little, and the Misses Clara Elvish, Dickson, Janice Allen, Major, Bouchy, Earl, Bell, Morrison, Hogarth, Vera Lovelace, Wells, Montpetit, McArthur, Kay, McIntee, Oliver, Stowe, Bailey, Cudmore, O'Flynn, Graham, Duncan, Wade, Dow, Barker, May McCutcheon, and C. C. Hallam.

This annual festive gathering has revealed in no indefinite manner the great strength of the graduate nurses at the head of the lakes! For national service the Nation may rely on the Thunder Bay Graduate Nurses' Association.

## HAMILTON

### General Hospital

The Misses Evelyn Johnson and Louise Dewar have left for New Rochelle, N.Y., to do private duty nursing.

Miss Margaret Moore has accepted a position with the Jefferson Clinic, Detroit, Mich.

Miss Ann Cameron, who has been connected with the D.S.C.R. for over five years, has accepted a position in the Social Service Department of the Twine Works of the International Harvester Co., Hamilton.

The monthly meeting of the Hamilton General Hospital Alumnae Association was held on March 9th, in the Senior Residence. Miss Buckbee, convener of the Programme Committee, reported that 600 invitations had been issued for the Alumnae banquet which will be held some time in May in honour of the graduating class. Miss Pegg, 80 Grant Ave., has already received many enthusiastic replies; it is hoped that a large number of the graduates will attend and help make the occasion a most interesting event. A delightful letter was received from Miss Ada Scheifele in which she described her work in India.

## KINGSTON

At the March meeting of the Alumnae Association of the Kingston General Hospital it was unanimously decided to furnish a room for the sick nurses in the Empire Wing of the hospital, and a committee was appointed to buy whatever would be required. A letter of thanks to the Alumnae was read on behalf of the nurses in training, for the artistic and comfortable reception room furnished recently in the Watkins Nurses' Home. Miss A. Wilson has kindly taken over the duties as secretary of the Association, due to Miss L. Bertrand's resignation and departure from the city. Miss Bertrand has resigned her position as Assistant Supervisor at the Kingston Isolation Hospital to accept a position at Lake Placid, N.Y.

Miss Moreland has gone to her home in Sydenham to recuperate after her operation. She was accompanied by Miss McLean, who is also recovering from a recent operation.

The Misses Cullen are nursing in Texas and expect to go to California in the near future.

The friends of Mrs. Kenneth Carson will be glad to hear that she is progressing favourably, after her operation in the Kingston General Hospital.

## LONDON

At the quarterly meeting of the London Child Welfare Association held recently at the Y.W.C.A. in London, the outstand-

ing feature was Miss Bertha Smith's report of the work being done in the city by the child welfare nurses. The great decrease in infant mortality rate in London during the past five years was pointed to as an indication that the association is doing excellent work in the community. The infant mortality rate for last year was 65.3 per one thousand births, as against a rate of 116.7 in 1919. Nine hundred and seventeen London families are on the child welfare nurses' visiting list. Miss Smith stated that it had been computed that if the whole community was impressed with the value of public health teaching and each member put the principles into practice the infant mortality rate could be reduced to about forty per thousand. Miss Grace Fairley, Superintendent of Nurses, Victoria Hospital, London, urged the necessity for a milk laboratory at the Sick Children's Hospital. In such a laboratory milk diets of all kinds could be prepared and sold to the public. The aim of such a laboratory would be to supply milk diets to children of all classes, rich and poor alike, at a price commensurate with their means. Miss Fairley pointed out that such a laboratory was part of the equipment at such hospitals as the Hospital for Sick Children, Toronto, and that by establishing one in London a very urgent need would be met.

The Edith Cavell Association held its monthly meeting at the Institute of Public Health, when a lecture on "The Destiny of the Turkish Empire in Europe" was given by Prof. Dorland, of the University of Western Ontario. At the conclusion of the lecture the usual business was transacted and a discussion on the future of the Association took place. The Association was formed for the purpose of providing a meeting ground for those nurses residing in London, Ont., not graduates of local hospitals: graduates of hospitals in other parts of Canada, American and English hospitals. Possibly the re-organized provincial association will meet this need. This would render the Edith Cavell Association unnecessary, as a separate unit.

The monthly meeting of the Alumnae Association of Victoria Hospital was held on March 2nd, in the Medical School, when a debate was held on the subject "Resolved that heredity has more to do with the moulding of character than environment." The affirmative was taken by the graduate nurses, represented by Miss B. Smith and Miss Appleyard, while the negative was argued by the senior nurses in training, represented by Miss McLean and Miss Moorehouse. The judges, Dr. George Ramsay, Dr. Thornley Bowman and the Rev. Canon C. R. Gunne, gave their decision in favour of the negative. Plans were made for a Bridge to be held early in April and Miss Murphy was appointed convener of arrangements.

## ST. CATHARINES

A large number of classmates and friends attended the funeral, on March 4th, of Mrs. Arch. W. Buchanan (Emma Casselman, St. Catharines' General Hospital, 1920), and her day-old daughter, who died at St. Catharines' General Hospital on March 2nd. The services were conducted by the Rev. J. W. Schofield, assisted by the Rev. George Clark, of St. Catharines, and the Rev. H. Middlefeldt, of Buffalo. Burial took place at Victoria Lawn Cemetery, amidst a profusion of flowers. The sympathy of all is extended to Mr. Buchanan and to Mr. and Mrs. Casselman.

## SAULT STE. MARIE

Miss A. Egglesfield, Reg.N., has accepted the position of Assistant Supervisor, Plummer Memorial Hospital. Miss Egglesfield is a graduate of the Public Hospital, Lamont, Alberta.

Miss Olive Liddle, Reg.N., who has been at home nursing her mother, is back on private duty again.

Miss Elsie Griffin, Reg.N., Herst Street, has accepted a position as Lady Superintendent at the hospital, New Bury, Mich.

The many friends of Miss C. Doyle, Reg.N., are glad to see her back on duty again after her serious illness.

Miss A. Barber, Reg.N., Supervisor of the Riverside Nursing Home, who has been giving instruction in First Aid and Home Nursing under the Red Cross Society to a group of high school girls and to the young ladies of All People's Mission, has completed the course and started another with the C.G.I.T. of Bruce Hill Mission.

Miss Jean Mack, Reg.N., has accepted a position in Dr. Husband's office in Sault Ste. Marie, Mich.

## TORONTO

### Toronto General Hospital

The regular monthly meeting of the Alumnae Association was held in the Nurses' Residence on Wednesday, March 3rd. It was decided to have a Bridge Party in the Residence on Monday evening, April 12th, to raise money to defray expenses incident to sending delegates to the different nurses' conventions to be held in the near future.

Miss Margaret McEwan, 1923, has been appointed to the staff of the Red Cross Outpost Hospital at Rainy River, Ont.

Miss Eileen White, 1925, has resigned her position at the Lockwood Clinic, Toronto, and is now engaged in private duty nursing.

Miss Rachael Whittaker, 1925, who recently underwent an operation in the Toronto General Hospital, is recovering.

Miss Grace Gawley and Miss Edna Johnston, 1922, are in Los Angeles, Calif., where they are doing private duty nursing.

Miss Josephine Dickie, 1923, has resigned her position as assistant night supervisor of the 5th Ave. Hospital, New York, and is now on general duty at the Rockefeller Hospital, New York.

Her many friends will regret to learn that Miss Emma Mount, 1919, is ill and is now at the Mountain Sanatorium, Hamilton, Ont.

### Toronto Western Hospital

The regular monthly meeting of the Alumnae was held in the Assembly Room of the hospital on Tuesday evening, March 9th, the President (Miss Wiggins) in the chair. After business affairs had been dealt with a very interesting talk, with demonstrations, on a sculptor's work, was given by Miss Foster.

At a previous meeting of the Alumnae the members expressed their regret at the retirement of Miss Wylie from office as President, at the same time presenting her with a life membership. Previous to Miss Wylie's departure for South America she was the guest of honour at a Dinner and Bridge given by the nursing staff of the hospital at the Nurses' Club.

Miss Gertrude Wiggins, 1913, has been appointed President of the Alumnae, succeeding Miss Wylie.

Miss Lois Banting, 1925, has accepted the position of Operating Room Supervisor in Toronto Orthopedic Hospital, and Miss Doris Graham, 1925, has accepted a similar position in Stratford General Hospital.

Miss Lena Smith has taken charge of the Ear, Nose and Throat department in Western Hospital.

Mrs. Robert Kerr (Kathleen Tolchard, 1919), of Montreal, who was visiting in the city, called at the hospital.

Mrs. Boles (Nan Van Balkam, 1920) was the guest of honour at a Bridge party given by Mrs. Elizabeth Duff.

### Riverdale Hospital

Almey Constance Murray, graduate of Riverdale Hospital, Toronto, died on Friday, January 22nd, 1926, after a long illness at the Presbyterian Hospital, Newark, N.J., where she had been superintendent for ten years.

Miss Murray's loyal friendship and sterling qualities won her many friends. Her death is not only a loss to her family and friends, but also to the profession.

Funeral services were held in the Roseville Episcopal Methodist Church, Newark, N.J., and also in Robertson's Undertakers Chapel, Hamilton, Ont. The interment took place in Dorchester, Ont.

### Grace Hospital

The February meeting of the Alumnae Association took the form of a social evening when a most successful Bridge of twenty-five tables was held. Mrs. Duffin rendered several vocal selections which added greatly to the pleasure of the gathering.

After the regular business meeting in March Miss Gowans, returned missionary from China, gave the Alumnae members a real treat in an interesting description of the life-work of a woman who had spent thirty years among the Chinese.

Miss Jean Elizabeth Finnie, Grace Hospital, 1924, was recently appointed a supervisor at Grace Hospital.

## WOODSTOCK

### The Woodstock Hospital

Miss Annie Hill, Reg.N., 1917, has accepted the position of night supervisor at the Butterworth Hospital, Grand Rapids.

Miss Sadie Seehaver, 1923, has been appointed charge nurse at St. Joseph Hospital, St. Joseph, Mich.

Miss Jessie Sherman, 1924, has left Sturges, Mich., and is doing private duty nursing in Toronto.

Miss Lenora Armstrong, 1921, who is doing hospital work in Korea under the Canadian Presbyterian Mission, has completed one year among the Chinese and reports good results in surgical and medical departments in their new hospital.

## QUEBEC

## MONTREAL

### Women's Hospital

The Alumnae Association intend holding a sale of work on March 23, in the Nurses' Home, 998 St. Catharine St. West.

Miss A. MacFarlane, 1924, has left for New York, where she will do private duty nursing.

### Royal Victoria Hospital

At the March meeting of the Alumnae Association, Miss Dorothy Cotton, 1910, gave a very interesting account of her experiences in Russia during the revolution, illustrated with lantern slides of Petrograd and the Anglo-Russian hospital there.

Mrs. G. W. Izard (Marie Beard, 1922), of Nigeria, West Africa, is the guest of her mother in Ottawa, Ont.

Miss Irene Charlton, 1921, has returned to the Winnipeg General Hospital after a two-months' visit with her parents in Montreal.

### Children's Memorial Hospital

Miss Margaret Watson has taken charge of the Infants' Ward, and Miss Mabel Wright has accepted the position of night supervisor.

Miss Ross (Hospital for Sick Children, Toronto), has resigned from the staff of the Children's Memorial Hospital and is now doing private duty nursing in Toronto.

Miss Morris has taken charge of the Chateauguay Convalescent Home.

# C.A.M.N.S.

The Nursing Sisters' Club, Winnipeg, held its annual business meeting on February 18th, in the Red Cross Building. After the reports were received the retiring President (Miss A. J. Attrill, R.R.C.) gave an interesting address, in which the activities of the year were enlarged upon and the ideals as a club emphasized. The officers elected for the coming year are: President, Mrs. J. F. Morrison, R.R.C.; Vice-President, Miss E. F. Hudson, R.R.C.; Treasurer, Miss E. C. Letellier, Reg.N.; Secretary, Miss E. Parker, Reg.N., with the conveners of committees as follows: Social, Miss O. Garland, R.R.C.; Membership, Miss M. Dewar, Reg.N.; Sick Visiting, Mrs. R. V. Scott, Reg.N.; Memorial, Mrs. W. Thomas, Reg.N.; Press and Publicity, Miss E. A. Bennett, Reg.N.; Extra Members of Executive: Mrs. A. Stuart Boa, Reg.N.; Miss E. Stewart, Reg.N.; Miss S. J. Robertson, Reg.N.

Various topics relevant to the club were discussed, following an address by the new president. Expressions of appreciation and thanks were tendered to the retiring officers, the Press, and to Major J. W. Forbes for so kindly putting the Red Cross rooms at the club's service.

## BIRTHS

AIRTH—On February 24th, at the Royal Columbian Hospital, New Westminster, B.C., to Mr. and Mrs. H. C. Airth (Ruth Elvin, R.C.H.), a daughter.

ALLEMANY—On February 20th, 1926, at Dunnerville, Ont., to Mr. and Mrs. H. Allemany (Ivy E. Duffin, Brandon General Hospital, 1922), a daughter.

BARRAGAR — On March 7th, 1926, at Brandon General Hospital, to Dr. and Mrs. C. A. Barragar, a son.

DRIVER—On January 28th, 1926, at the Royal Inland Hospital, Kamloops, B.C., to Mr. and Mrs. William Driver (Isabel McCordick, Regina General Hospital, 1918), a daughter.

GRIMSHAW—On January 7th, at Queen St. W., Toronto, to Mr. and Mrs. Cecil Grimshaw (Hilda Adams, Grant Macdonald Training School, Toronto, 1924), a son (Ernest Roland.)

HAWKINS — Recently, at St. Thomas, Ont., to Mr. and Mrs. Hawkins (Dorothy Land, H.S.C., Toronto, 1921), a daughter.

HOWELL—On February 7th, to Dr. and Mrs. Harry Howell, (Lila Murray, Toronto General Hospital, 1919), a daughter.

IRVING—On December 31st, 1925, at 227 Norfolk St., Dorchester, Mass., to Dr. and Mrs. Rupert Irving (Enid L. MacLaren, Royal Victoria Hospital, 1920), a daughter (Joan).

PILKEY—On February 20th, at Crookston, Minn., to Mr. and Mrs. A. M. Pilkey (Ruby Lillian Mounce, Grace Hospital, Toronto, 1921), a daughter (Ruth Elizabeth).

RUTHERFORD—On January 7th, to Mr. and Mrs. Albert Rutherford (Grace Rene, Belleville General Hospital, 1918) of Napanee, a daughter.

STEEVES—On January 31st, at 7 Gordon St., Moncton, N.B., to Mr. and Mrs. Frank Steeves (Margaret Moore, Moncton Hospital, 1919), a daughter (Dorothy Pauline).

## MARRIAGES

ALEXANDER—McDONALD—In December, 1925, at Mallorytown, at the home of the bride, Letitia McDonald (Kingston General Hospital), to John Nicolle Alexander. Mr. and Mrs. Alexander are residing in Kingston.

BOND — TAYLOR — On March 5th, at Queens Ave. United Church, New Westminster, Gwendolyn Taylor, Reg.N (Royal Columbian Hospital, New Westminster), to Harry E. Bond. Mr. and Mrs. Bond will reside in West Point Grey, Vancouver, B.C.

JONES—STEWART—On February 27th, at Young United Church, Winnipeg, Man,. Irene Stewart (General Hospital, Maple Creek, Sask., 1924) to E. W. Jones, of Saskatoon, the Rev. Frank Small and the Rev. Dr. R. W. Bell officiating. At home, 421 Clarence Ave., Saskatoon.

LECKNER—COX—On January 30th, at Hamilton, Daisy H. Cox (Hamilton General Hospital), to William Harrison Leckner, of Pottstown, Pa., U.S.A.

McLAUGHLIN—CALDWELL—On March 6th, at Barrie, Ont., Sara Beatrice Caldwell (Hamilton General Hospital), to Edward G. McLaughlin, of Buffalo.

RAVELLE—THOMPSON—On February 20th, at Galt, Ont., Margaret Alice Thompson (Grace Hospital, Toronto, 1907), to R. James Ravelle. Mr. and Mrs. Ravelle will live at 121 Fulton Ave., Toronto.

STROTHER — CASSIE — On February 10th, Mary Brown Cassie (Grace Hospital, Toronto, 1917), to Frederick W. Strother. Mr. and Mrs. Strother will live at 204 Dawlish Ave., Toronto.

TAYLOR—HOBBS—In December, 1925, at Hamilton, Emily Hobbs (Woodstock General Hospital, 1923), to Edwin Taylor, of Woodstock, Ont.

WETMORE — MUIRHEAD — On March 1st, at St. George's Anglican Church, Moncton, N.B., by the Rector, the Rev. Canon Sisam, Margaret Muirhead (a

former member of the Moncton staff of the V.O.N.), to Major Barton Wetmore, M.C., of Lower Coverdale, Albert Co., N.B.

WILKIE — WALDRON — On December 23rd, 1925, at Quebec, G. Waldron (Jeffery Hale Hospital, 1924), to Edward Wilkie, of Stoneham, P.Q.

WILLIAMSON — CARR — On November 7th, 1925, at Port Elgin, Ont., Janette Carr (Grace Hospital, Toronto, 1923), to Hugh John Williamson.

**DEATHS**

LEITCH—Recently, Elizabeth Jean, aged nine months, daughter of Mr. and Mrs. Leitch (Catherine Cameron, H. S. C., Toronto, 1917), 8 Raglan Road, Toronto.

MURRAY—On January 22nd, 1926, at the Presbyterian Hospital, Newark, N.J., Almey Constance Murray (Riverdale Hospital, Toronto).

SARGENT—On February 10th, at Seattle, Washington, Sarah Kirk (Sarah Kirk Duff, Winnipeg General Hospital, 1914), wife of Rodney G. Sargent, of Seattle.

THE
**Manitoba Nurses' Central Directory**
Registrar—ELIZABETH CARRUTHERS, Reg. N.
Phone B 620
753 WOLSELEY AVENUE
WINNIPEG, MAN.

**Examinations for Registration of Nurses in Nova Scotia**

Are to take place Tuesday and Wednesday, 18th and 19th May, 1926. Candidates may apply at once to the various training school centres where examinations will be held, or to the

**Registrar,**
**The Graduate Nurses' Association of Nova Scotia,**
**Room 10, Eastern Trust Building,**
**Halifax, N.S.**

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**REGISTRATION of NURSES**
**Province of Ontario**

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in May, 1926. Application forms, information regarding subjects for examination, and general information relating thereto, may be had upon written application to Miss A. M. Munn, Reg.N., Parliament Bldgs., Toronto. No candidate will be considered for examination unless completed form, accompanied by the examination fee of $5.00 is received by the Inspector before April 15th, 1926.

(Signed) **A. M. MUNN, Reg.N.,**
**Inspector of Training Schools.**

**UNIVERSITY of TORONTO**
**(The Provincial University of Ontario)**

Department of Public Health Nursing

A nine-months' general course in Public Health Nursing is offered. The new term commences September 1st, 1926.

For full particulars and the Calendar of the Department, apply to the

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**Dept. of Public Health Nursing**
**University of Toronto,**
**Toronto 5, Canada**

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